

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90321 030 ***150.00

DOCUMENT # P98000059059

1. Entity Name
WINTERROWD PROFESSIONAL SERVICES, INC.



Principal Place of Business
**1730 LIGHTHOUSE TERR #14
SOUTH PASADENA, FL 33707**

Mailing Address
**1730 LIGHTHOUSE TERR #14
SOUTH PASADENA, FL 33707**

2. Principal Place of Business
60 SARASOTA CENTER BLVD
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 18027
Suite, Apt. #, etc.



04142004 Chg-P CR2E034 (10/03)

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
59-3527690

Applied For
Not Applicable

Zip
34240 Country
USA

Zip
34216 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WINTERROWD, DAVID R
1730 LIGHTHOUSE TERR #14
SOUTH PASADENA, FL 33707**

7. Name and Address of New Registered Agent

Name
WINTERROWD, DAVID R.
Street Address (P.O. Box Number is Not Acceptable)
60 SARASOTA CENTER BLVD
City
SARASOTA FL Zip Code
34240

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WINTERROWD, DARLENE F
1730 LIGHTHOUSE TERR #14
SOUTH PASADENA, FL 33707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WINTERROWD, DAVID R
4335 OLIVE AVE
SARASOTA, FL 34231** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WINTERROWD, DARLENE F.** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WINTERROWD, DAVID R.
60 SARASOTA CENTER BLVD
SARASOTA, FL 34240** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

941-927-9415

Daytime Phone #