

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000021375

Entity Name: CORALWIN CORPORATION

**FILED**  
**Jun 06, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

630 SW 49TH LANE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

1616 W. CAPE CORAL PARKWAY STE. 171  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 65-0901638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLAGHER, JOHN C  
3501 DEL PRADO BLVD. STE. 204  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WINSTEAD, JOSEPH R  
Address: 630 SW 49TH LANE  
City-St-Zip: CAPE CORAL, FL 33914

Title: VPT ( ) Delete  
Name: WINSTEAD, ROBERTA M  
Address: 630 SW 49TH LANE  
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: CARTER, DAVID L  
Address: 1303 SE 18TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA M. WINSTEAD

VPT

06/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date