


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000021375		
1. Entity Name CORALWIN CORPORATION		
Principal Place of Business 630 SW 49TH LANE CAPE CORAL, FL 33914		Mailing Address 1616 W. CAPE CORAL PARKWAY STE. 171 CAPE CORAL, FL 33914
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GALLAGHER, JOHN C 3501 DEL PRADO BLVD. STE. 302 CAPE CORAL, FL 33904		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINSTEAD, JOSEPH R 630 SW 49TH LANE CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WINSTEAD, ROBERTA M 630 SW 49TH LANE CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, DAVID L 1303 SE 18TH TERRACE CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Roberta Winstead</u> <u>Roberta Winstead</u>		2/8/7 239-540-8385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0901638** Applied For
Not Applicable

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

U000000637979
02/27/07-80012-001 150.00

**DO NOT WRITE
IN THIS SPACE**