2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000050290

1. Entity Name
WINTER BROTHERS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
5209 TIMUQUANA RD STE 13 JACKSONVILLE, FL 32210	5209 TIMUQUANA RD STE 13 JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

01092004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3579704	Not Applicable

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

6. Name and Address of Current Registered Agent

WINTER, DAVID P
5209 TIMIQUANA RD
STE 13
JACKSONVILLE, FL 32210

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 *DAVID P. WINTER* *David P Winter* *1-14-04*

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	DPVT
NAME	WINTER, DAVID P
STREET ADDRESS	5209 TIMIQUANA RD STE 13
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	S
NAME	KING, LINDA
STREET ADDRESS	5209 TIMIQUANA RD STE 13
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	T
NAME	BRENDA SMITH
STREET ADDRESS	5209 Timuquana Rd STE 13
CITY-ST-ZIP	Jacksonville Fl 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *David P Winter* *David P Winter* *1-14-04* *904-317-8281*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #