## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 21, 2005 08:00 AM **Secretary of State DOCUMENT # P99000082938** THE WINN DOUBLEDAY GALLERY, INC. Principal Place of Business Mailing Address 6711 N OCEAN BLVD 6711 N OCEAN BLVD UNIT 13 UNIT 13 OCEAN RIDGE, FL 33435\_\_ OCEAN RIDGE, FL 33435 01282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0950943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOUBLEDAY, WINIFRED S DO NOT WRITE 6711 NORTH OCEAN BOULEVARD UNIT 13 IN THIS SPACE OCEAN RIDGE, FL 33435 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 whom reinstalling) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DOUBLEDAY, WINIFRED S STREET ADDRESS 6711 NORTH OCEAN BOULEVARD, UNIT 13 U000002/0852 03/21/05-80023-025 150.00 CITY-ST-ZIP OCEAN RIDGE, FL 33435 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

**FILED** 

Daylime Phone #

12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiphanged, or on an attachmen

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP