

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # V27287

1. Entity Name
WINSTON HILLS, INC.



Principal Place of Business Mailing Address
2641 E. ATLANTIC BLVD 2641 E. ATLANTIC BLVD
SUITE 306 SUITE 306
POMPAÑO BEACH, FL 33062 US POMPAÑO BEACH, FL 33062 US



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0322563 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONROY, COLIN
2641 E. ATLANTIC BLVD.
SUITE 306
POMPAÑO BEACH, FL 33062

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME CONROY, COLIN
STREET ADDRESS 2641 E. ATLANTIC BLVD., STE. 306
CITY-ST-ZIP POMPAÑO BEACH, FL 33062

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04/22/05-80072-013 150.00

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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: **COLIN CONROY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05 (954) 9411602
Date Daytime Phone #