

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # V43250

1. Entity Name
WINLO, INC.



Principal Place of Business
34 SOUTH LAKESHORE DR.
HYPOLUXO, FL 33462

Mailing Address
34 SOUTH LAKESHORE DR.
HYPOLUXO, FL 33462



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0346317

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, RICHARD E.
34 SOUTH LAKESHORE DR.
HYPOLUXO, FL 33462

**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

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, 2005 Fee will be \$330.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOPEZ, RICHARD E.
STREET ADDRESS	34 S. LAKESHORE DR.
CITY - ST - ZIP	HYPOLUXO, FL
TITLE	D
NAME	LOPEZ, PENELOPE W.
STREET ADDRESS	34 S. LAKESHORE DR.
CITY - ST - ZIP	HYPOLUXO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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:

Richard E. Lopez 1-305 361-588-8012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #