2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000005008

Entity Name: WINSUPPLY BRADENTON FL CO.

Current Principal Place of Business:

C/O WGS - COMPLIANCE SERVICES 3110 KETTERING BLVD. MORAINE, OH 45439-1924

Current Mailing Address:

C/O WGS - COMPLIANCE SERVICES 3110 KETTERING BLVD. MORAINE, OH 45439-1924 US

FEI Number: 87-2326720

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US FILED Mar 26, 2024 Secretary of State 3071936656CC

Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	SECRETARY
Name	DAVIS, MARKLE P.	Name	KIRKLAND, MICHAEL S
Address	4822 LENA RD	Address	3110 KETTERING BLVD
City-State-Zip:	BRADENTON FL 34211-9498	City-State-Zip:	MORAINE OH 45439-1924
Title	TREASURER	Title	DIRECTOR
Name	CULLER, SEAN W	Name	ATWELL, MICHAEL D.
Address	3110 KETTERING BLVD	Address	3110 KETTERING BLVD
City-State-Zip:	MORAINE OH 45439-1924	City-State-Zip:	MORAINE OH 45439-1924
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR FERGUSON, ROBERT W.	Title Name	DIRECTOR GOODARZI, NICHOLAS R.
Name	FERGUSON, ROBERT W. 3110 KETTERING BLVD	Name	GOODARZI, NICHOLAS R. 1615 MARKET CIR
Name Address	FERGUSON, ROBERT W. 3110 KETTERING BLVD	Name Address	GOODARZI, NICHOLAS R. 1615 MARKET CIR
Name Address City-State-Zip:	FERGUSON, ROBERT W. 3110 KETTERING BLVD MORAINE OH 45439-1924	Name Address City-State-Zip:	GOODARZI, NICHOLAS R. 1615 MARKET CIR PORT CHARLOTTE FL 33953
Name Address City-State-Zip: Title	FERGUSON, ROBERT W. 3110 KETTERING BLVD MORAINE OH 45439-1924 DIRECTOR	Name Address City-State-Zip: Title	GOODARZI, NICHOLAS R. 1615 MARKET CIR PORT CHARLOTTE FL 33953 DIRECTOR
Name Address City-State-Zip: Title Name Address	FERGUSON, ROBERT W. 3110 KETTERING BLVD MORAINE OH 45439-1924 DIRECTOR LYON, STEVEN E.	Name Address City-State-Zip: Title Name	GOODARZI, NICHOLAS R. 1615 MARKET CIR PORT CHARLOTTE FL 33953 DIRECTOR VALASTRO, NICHOLAS J. 4822 LENA RD

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SEAN W. CULLER

TREASURER

03/26/2024

Date

Electronic Signature of Signing Officer/Director Detail