

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 146196

Entity Name: WINCO, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

5516 SW FIRST LANE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

5516 SW FIRST LANE
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-0550564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK, DON R CEO
5516 SW FIRST LANE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: FRANK, DON R
Address: 396 SW 52ND STREET
City-St-Zip: OCALA, FL 34474

Title: SD () Delete
Name: FRANK, CAROLE
Address: 740 39TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: TD () Delete
Name: SWING, MARGARET C
Address: 1700 74TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: FRANK, DON R
Address: 396 SW 52ND STREET
City-St-Zip: OCALA, FL 34474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SWING, MARGARET C
Address: 1700 74TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: PD () Change (X) Addition
Name: ANKOVIK, JAMES M
Address: 7146 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34474

Title: D () Change (X) Addition
Name: AUSTIN, SUZANNE L
Address: 5215 SE 39TH LOOP
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUZANNE L. AUSTIN

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date