


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90051 026 \*\*\*150.00

<b>DOCUMENT # 330286</b>		
1. Entity Name <b>WINN-DIXIE MONTGOMERY, INC.</b>		

Principal Place of Business <b>5050 EDGEWOOD COURT JACKSONVILLE, FL 32254 US</b>	Mailing Address <b>5050 EDGEWOOD COURT JACKSONVILLE, FL 32254 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40052000**

**03082007 Chg-P CR2E034 (12/06)**

4. FEI Number <b>59-1212119</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LYNCH, P L <input checked="" type="checkbox"/> Delete 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEDINA, J P <input checked="" type="checkbox"/> Delete 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVAS BYRUM, D M <input checked="" type="checkbox"/> Delete 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT HARDEE, K D <input checked="" type="checkbox"/> Delete 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS APPEL, L B <input type="checkbox"/> Delete 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHERRY, K B <input checked="" type="checkbox"/> Delete 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Please see attached
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **4-3-07 (904) 783-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OFFICER	TITLE	ADDRESS
ECKSTEIN, F. O.	PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
NUSSBAUM, B. L.	VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
REINKEN, S. C.	VICE PRESIDENT & TREASURER	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
APPEL, L. B.	VICE PRESIDENT & SECRETARY	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
JAMES, J. J.	ASST. SECRETARY & ASST. TREASURER	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
KICHLER, B.	ASST. SECRETARY & ASST. TREASURER	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254

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# 330286

ATTACHMENT