


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90025 023 \*\*\*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>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1212119</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02182008      Chg-P      CR2E034 (12/06)			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, 2008 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ECKSTEIN, F O</b> <b>5050 EDGEWOOD COURT</b> <b>JACKSONVILLE, FL 32254</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Please see attached. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>NUSSBAUM, B L</b> <b>5050 EDGEWOOD COURT</b> <b>JACKSONVILLE, FL 32254</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPT</b> <b>REINKEN, S C</b> <b>5050 EDGEWOOD COURT</b> <b>JACKSONVILLE, FL 32254</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ASAT</b> <b>JAMES, J J</b> <b>5050 EDGEWOOD COURT</b> <b>JACKSONVILLE, FL 32254</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS</b> <b>APPEL, L B</b> <b>5050 EDGEWOOD COURT</b> <b>JACKSONVILLE, FL 32254</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ASAT</b> <b>KICHLER, B</b> <b>5050 EDGEWOOD COURT</b> <b>JACKSONVILLE, FL 32254</b> <input checked="" type="checkbox"/> Delete		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.					
<b>SIGNATURE</b> _____			Date <b>3/28/08</b> Daytime Phone # <b>(904) 783-5000</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Sheila C. Reinken</b>					

WINN-DIXIE MONTGOMERY, INC.  
59-1212119  
AS OF 11/20/07

OFFICER	TITLE	ADDRESS
ECKSTEIN, F.O.	PRESIDENT & DIRECTOR	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
NUSSBAUM, B. L.	VICE PRESIDENT & DIRECTOR	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
PORTNOY, D.	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
GRIMM, M.S.	ASST. SECRETARY & ASST. TREASURER	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
LYNCH, P.L.	DIRECTOR	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254

ATTACHMENT  
40058078  
#330286