

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 358910

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** WINCHESTER INSURANCE, INC.

**Current Principal Place of Business:**

1425 W BROADWAY (SR426)  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 620969  
OVIEDO, FL 327620969 US

**New Mailing Address:**

FEI Number: 59-1284417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WINCHESTER, WILLIAM, H  
1008 LINGO CIRCLE  
OVIEDO, FL 32765 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WINCHESTER, WILLIAM H.  
Address: 1008 LINGO CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

Title: VST  
Name: FORREST, LORI  
Address: 248 ROBIN SONG RD  
City-St-Zip: CHULUOTA, FL 32766 US

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: LORI A FORREST

VST

04/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date