


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90016 008 ***150.00

DOCUMENT # 841190			
1. Entity Name FRANK W. WINNE & SON, INC.			
Principal Place of Business 4601 BATH ST. BUILDING 81 PHILADELPHIA, PA 19137		Mailing Address 521 Fellowship Rd Ste. 115 Mt. Laurel, NJ 08054	
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
6. Name and Address of Current Registered Agent BRANDENBURG BOB 2012 CHICKWOOD ST TAMPA, FL 33618		7. Name and Address of New Registered Agent Name: <u>Reo J Russell</u> Street Address (P.O. Box Number is Not Acceptable): <u>232 Sun Vista Ct. N</u> City: <u>Treasure Island</u> FL Zip Code: <u>33706</u>	
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: <u>Reo J. Russell</u>		DATE: <u>7/15/08</u>	
<p>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> <p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	NAME: COATH, J.D. JR.	TITLE: P	NAME: Coath, J.D. JR.
STREET ADDRESS: 4601 BATH ST BLDG 81	CITY-ST-ZIP: PHILADELPHIA, PA 19137	STREET ADDRESS: 521 Fellowship Rd Ste. 115	CITY-ST-ZIP: Mt. Laurel NJ 08054
TITLE: ST	NAME: ADELIZZI, ROBERT P.	TITLE: ST	NAME: Adelizzi, Robert P.
STREET ADDRESS: 4601 BATH ST BLDG 81	CITY-ST-ZIP: PHILADELPHIA, PA 19137	STREET ADDRESS: 521 Fellowship Rd Ste. 115	CITY-ST-ZIP: Mt. Laurel NJ 08054
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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: <u>[Signature]</u>		DATE: <u>7/10/08</u> Daytime Phone #: <u>215-627-8080</u>	

60045158



07082008 Chg-P CR2E034 (12/06)

4. FEI Number 23-1226240 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: P	NAME: COATH, J.D. JR.	<input type="checkbox"/> Delete
STREET ADDRESS: 4601 BATH ST BLDG 81	CITY-ST-ZIP: PHILADELPHIA, PA 19137	
TITLE: ST	NAME: ADELIZZI, ROBERT P.	<input type="checkbox"/> Delete
STREET ADDRESS: 4601 BATH ST BLDG 81	CITY-ST-ZIP: PHILADELPHIA, PA 19137	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P	NAME: Coath, J.D. JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 521 Fellowship Rd Ste. 115	CITY-ST-ZIP: Mt. Laurel NJ 08054	
TITLE: ST	NAME: Adelizzi, Robert P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 521 Fellowship Rd Ste. 115	CITY-ST-ZIP: Mt. Laurel NJ 08054	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	

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SIGNATURE: [Signature] DATE: 7/10/08 Daytime Phone #: 215-627-8080