

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841190

**FILED**  
**Jun 25, 2009**  
**Secretary of State**

**Entity Name:** FRANK W. WINNE & SON, INC.

**Current Principal Place of Business:**

521 FELLOWSHIP RD STE 115  
MOUNT LAUREL, NJ 08054

**New Principal Place of Business:**

521 FELLOWSHIP RD  
SUITE 115  
MOUNT LAUREL, NJ 08054

**Current Mailing Address:**

521 FELLOWSHIP RD STE 115  
MOUNT LAUREL, NJ 08054

**New Mailing Address:**

521 FELLOWSHIP RD  
SUITE 115  
MOUNT LAUREL, NJ 08054

FEI Number: 23-1226240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUSSELL, REB J  
232 SUN VISTA CT N  
SAINT PETERSBURG, FL 33706 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: P ( ) Delete  
Name: COATH, J.D. JR.  
Address: 521 FELLOWSHIP RD STE 115  
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: ST ( ) Delete  
Name: ADELIZZI, ROBERT P.  
Address: 521 FELLOWSHIP RD STE 115  
City-St-Zip: MOUNT LAUREL, NJ 08054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ROBERT P. ADELIZZI

ST

06/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date