


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000001259**

1. Entity Name  
**WINCHESTER CAPITAL GROUP, INC.**



Principal Place of Business  
**603A SOUTH LOUDOUN STREET  
WINCHESTER, VA 22601**

Mailing Address  
**603A SOUTH LOUDOUN STREET  
WINCHESTER, VA 22601**

**DO NOT WRITE IN THIS SPACE**



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0803160**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RAMSDEN, TUCKER S 804 RACKHAM ROAD GIBSON ISLAND, MD 21056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCULLY, THOMAS G JR 603A SOUTH LOUDOUN STREET WINCHESTER, VA 22601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST FRAZEE, JOHN P JR 9512 BULL HEADLEY ROAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000448411  
03/09/06 80014-007 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: Thomas G. Scully, Jr. 2/14/06 540-667-4220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #