


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90019 010 ***150.00

DOCUMENT # F07000003571 1. Entity Name VERO BEACH WINELSON CO.					
Principal Place of Business 2827 FLIGHT SAFETY DRIVE VERO BEACH, FL 32960-7911			Mailing Address 2827 FLIGHT SAFETY DRIVE VERO BEACH, FL 32960-7911		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1000 HURRICANE SCOALS RD, NE C-100 LAWRENCEVILLE, GA. 30043			
4. FEI Number 26-0479838		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LITTON, RALPH 2827 FLIGHT SAFETY DRIVE VERO BEACH, FL 329607911		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LITTON, RALPH 2827 FLIGHT SAFETY DR. VERO BEACH, FL. 329607911	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SALSMAN, MONTE L 3110 KETTERING BLVD DAYTON, OH 45439		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALSMAN, MONTE L 3110 KETTERING BLVD DAYTON, OH. 45439	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROUT, CALVIN 3110 KETTERING BLVD DAYTON, OH 45439		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKIN, D. MIKE 1000 HURRICANE SCOALS ROAD NE BLDG D LAWRENCEVILLE, GA 300434826		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITTON, RALPH 2827 FLIGHT SAFETY DRIVE VERO BEACH, FL 329607911		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASS KREMER, PHILIP M 3110 KETTERING BLVD DAYTONA, OH 45439		TITLE NAME 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	