

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # J39526

1. Entity Name
WINN-MAR PROPERTIES, INC.



Principal Place of Business
**1250 SEMINOLE BLVD.
P.O. BOX 958
LARGO, FL 34649-7958**

Mailing Address
**22199 GARMISCH WAY
BROOKSVILLE, FL 34601 US**

DO NOT WRITE IN THIS SPACE



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0774325

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLARK, NORMAN R.
22199 GARMISCH WAY
BROOKSVILLE, FL 34601**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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
**DPT
WIEKER, ROBERT E.
1250 SEMINOLE BLVD
LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WIEKER, WINIFRED L.
1250 SEMINOLE BLVD
LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
CLARK, NORMAN R.
1250 SEMINOLE BLVD.
LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLARK, MARY E.
1250 SEMINOLE BLVD.
LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000425283
02/18/06-80090-007 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____