


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # J39526 1. Entity Name WINN-MAR PROPERTIES, INC.	
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Principal Place of Business 1250 SEMINOLE BLVD. SUITE 1 LARGO, FL 33770	Mailing Address P.O. BOX 958 LARGO, FL 33779 US
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01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0774325	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JAMES, ROBERT M P.O. BOX 958 LARGO, FL 33779
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEKER, ROBERT E 1250 SEMINOLE BLVD, SUITE 1 LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAILEY, PENNY J 1250 SEMINOLE BLVD., SUITE 1 LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JAMES, ROBERT M 1250 SEMINOLE BLVD., SUITE 1 LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEKER ENTERPRISES, INC. 1250 SEMINOLE BLVD., SUITE 1 LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **Robert James** **1/16/08** **727 585 8623**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #