

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90213 002 ***150.00

DOCUMENT # L90036

1. Entity Name
WINN-BOB ENTERPRISES, INC.



Principal Place of Business
**3801 58TH AVE N
ST PETERSBURG, FL 33714**

Mailing Address
**PO BOX 958
~~UNIT 601~~
LARGO, FL 33779**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
PO Box 958

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Largo, FL

Zip

Country

Zip

Country

33779

USA

01082007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3027310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIEKER, WINIFRED L.
1581 GULF BLVD, UNIT 601, NORTH
CLEARWATER, FL 33767-2929**

Name **Robert James**

Street Address (P.O. Box Number is Not Acceptable)

12151 93rd St. N.

City **Largo**

FL

Zip Code **33773**

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 **Robert James, sen. mgr.**

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

(NOTE: Registered Agent signature required when reinstating)

1/9/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☐ Delete
NAME **WIEKER, WINIFRED L.**
STREET ADDRESS **1581 GULF BLVD, 601 N.**
CITY-ST-ZIP **CLEARWATER, FL**

TITLE **P** ☒ Change ☐ Addition
NAME **Winifred Wicker**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Change ☒ Addition
NAME **Robert Wicker**
STREET ADDRESS **1581 Gulf Blvd, 601N**
CITY-ST-ZIP **Clearwater, FL 33785**

TITLE **VS** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Change ☒ Addition
NAME **Penny Baile**
STREET ADDRESS **1840 Braxton Brass Ln.**
CITY-ST-ZIP **Clearwater, FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Robert E. Wicker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

DATE

727-585-8623

Daytime Phone #