


# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90071 007 \*\*\*150.00

<b>DOCUMENT # P00000062022</b>	
<b>1. Entity Name</b> OLE WINCHESTER MOTORCARS & TRAILERS, INC.	

<b>Principal Place of Business</b> 14617 N.W. 19 CHIEFLAND FL 32626	<b>Mailing Address</b> 14617 N.W. 19 CHIEFLAND FL 32626
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<b>2. Principal Place of Business</b> 15563 NW Hwy 19 Suite, Apt. #, etc.	<b>3. Mailing Address</b> 15563 NW Hwy 19 Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

<b>City &amp; State</b> Chiefland FL	<b>City &amp; State</b> Chiefland FL
<b>Zip</b> 32626	<b>Country</b>

<b>4. FEI Number</b> 59-3655442	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>6. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> FUCHS, LAWRENCE M ESQ 590 ROYAL PALM BEACHES BLVD ROYAL PALM BEACH FL 33411
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<b>7. Name and Address of New Registered Agent</b>
<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> FL <b>Zip Code</b>

**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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> WILSON, MATTHEW A 1861 SW 19TH CIR TRENTON FL 32693 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> WILSON, MATTHEW A 1860 S.W. 19TH CR TRENTON FL 32693 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Matthew A. Wilson **MATTHEW A. Wilson** 3-22-05 352-493-9020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #