2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000060221

1. Entity Name

WINTON'S RESTAURANT FACILITY MAINTENANCE AND HOME REPAIR, INC.



FILED Mar 17, 2008 08:00 AN Secretary of State

Principal Place of Business

2450 SE 50TH TERRACE OCALA,, FL 34471

Mailing Address

2450 SE 50TH TERRACE OCALA, FL 34471



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 03012008

4. FEI Number 05-0599938

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

WINTON, JENNIFER L 2450 SE 50TH TERR OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent	urpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. 1 am familiar with, an	d accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered	d Agent signature required when reinstating)	DATE	•
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be	U00000859867 04/02/08-80039-011 150.0	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD WINTON, JENNIFER L 2450 SE 50TH TERRACE OCALA, FL 34471	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-2IP					and Section

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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the rec changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP