

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000011184

1. Entity Name  
WINTMART REALTY CORP.



Principal Place of Business  
200 WEST FORSYTH STREET  
SUITE 1600  
JACKSONVILLE, FL 32202

Mailing Address  
275 MADISON AVENUE  
30TH FLOOR  
NEW YORK, NY 10016 US



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-3711031

Applied For  
(Not Applicable)

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOUSTON, CLARENCE H JR  
200 WEST FORSYTH STREET  
SUITE 1600  
JACKSONVILLE, FL 32202

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME HOUSTON, CLARENCE H JR  
STREET ADDRESS 200 W. FORSYTH ST. #1600  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE DP  
NAME FORGASH, JACK  
STREET ADDRESS 275 MADISON AVE., 30TH FLOOR  
CITY-ST-ZIP NEW YORK, NY

TITLE ST  
NAME FORGASH, ELLIOTT  
STREET ADDRESS 275 MADISON AVE, 30TH FLOOR  
CITY-ST-ZIP NEW YORK, NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13-3711031-802  
01/19/06-80052-015 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #