



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

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Annual Report: No filing fee if received by the due date.

SOS Control Number: 216234

Filing Status: Active-Good Standing

General Business Corporation (D)

Date Formed: 12/02/1981

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

WINTER'S ENTERPRISES, INC.
16975 JERICA CT
CALDWELL, ID 83607-1599

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

JACKSON L. WINTERS
16975 JERICA CT
CALDWELL, ID 83607

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

| Title | Name | Business Address | City, State, Zip |
|----------------|--------------------|------------------|--------------------|
| President | Jackson L. Winters | 16975 Jerica Ct | Caldwell, ID 83607 |
| V. President | Karen A. Winters | 16975 Jerica Ct | Caldwell, ID 83607 |
| Director/Treas | Jamie D. Winters | " " | " " " |
| Sec | Jackson L. Winters | 16975 Jerica Ct | Caldwell, ID 83607 |

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

| Name | Business Address | City, State, Zip |
|------------------|------------------|---------------------|
| Jamie D. Winters | 322 Larkspur | Caldwell, ID 83605 |
| Jason L. Winters | 7830 Open Sky | Middleton, ID 83644 |
| | | |
| | | |
| | | |
| | | |

(5) Signature: Jackson L. Winters

(6) Date: 11/30/24

(7) Type/Print Name: Jackson L. Winters

(8) Title: president

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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