2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 03, 2006 08:00 AM Secretary of State

DOCL	18.	MEN	T #	H5	5522
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1. Entity Name

WINNER BROTHERS, INC.



Principal Place of Business

Mailing Address

%WILLIAM R. WINNER, SR. 1611-C N. COCOA BLVD. COCOA, FL 32922-6959

%WILLIAM R. WINNER, SR. 1611-C N. COCOA BLVD. COCOA, FL 32922-6959



DO NOT WRITE IN THIS SPACE

03122006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2539782

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINNER WILLIAM R

1611-C NORTH COCOA BLVD. COCOA, FL 32922			IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	curpose of changing its registered	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE			d Agent signature required when reinstating) DATE				
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🛘	\$5.00 May Be Added to Fees	U00000489207 Ú4/18/06-30007-004 150.00		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME SHREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD WINNER, WILLIAM R JR 1611 N COCOA BLVD COCOA, FL DV WINNER, WILLIAM R. 1611 N COCOA BLVD COCOA, FL	E E					
INTLE NAME STREET ADDRESS EITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME SIREE ADDRESS CITY-SI-ZIP							

12. I hereby certify that the information supplied with this filing does not quality 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 it 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 Gock 10 at Block 11 it changed, or on an attachment with an address, with all other fixe empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> When C. W. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR