

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L00922

1. Entity Name

W. K. WINKELMEYER, INC.



FILED Apr 14, 2004 08:00 AM-Secretary of State

Principal Place of Business

Mailing Address

13400 HERITAGE WAY SARASOTA, FL 34240 13400 HERITAGE WAY SARASOTA, FL 34240

US



04112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0131456 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINKELMEYER, WALTER K. 13400 HERITAGE WAY SARASOTA, FL 34240

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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 fille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	04/14/04-80017-018 150.00
10. OFFICERS AND DIRECTORS				<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINKELMEYER, WALTER K. 13400 HERITAGE WAY SARASOTA, FL 34240				
NAME STREET ADDRESS CITY-ST-ZIP	D WINKELMEYER, MICHELE 13400 HERITAGE WAY SARASOTA, FL 34240				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS				••	

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 place like empowered.

SIGNATURE: /

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SKINING OFFICER OF DIRECTOR

1/04

941 343 - 0067

Daytime Phone #