2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000057261

1. Entity Name RICHARD J WINKIS, P.A.



1896 VIOLET AVE WEST PALM BEACH, FL 33415

Principal Place of Business

Mailing Address 1896 VIOLET AVE WEST PALM BEACH, FL 33415

FILED Mar 10, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-1011616 Not Applicable

5. Certificate of Status Desired

02102004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

WINKIS, RICHARD J 1896 VIOLET AVE WEST PALM BEACH, FL 33415

DO NOT WRITE IN THIS SPACE

No Chg-P

				IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	i ed office or s	egistered agent, or bo	ith, in the State of Florida. I am familia	r with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	i Agent signatur	e required when reinstating)	DATE		
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campalgn Finan Trust Fund Contribution.	icing 📙	\$5.00 May Be Added to Fees	U00000083651 03/10/04-80047-021	150.00	
10.	OFFICERS AND DIREC	OTORS	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINKIS, RICHARD J 1896 VIOLET AVE WEST PALM BEACH, FL 33415						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:			DO	NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby	certify that the information supplied with this fill on this report or supplemental report is true a	iling does not qualify for the exe	mption state	ed in Section 119.07(3) we the same legal effe	(i), Florida Statutes. I further certify that it am an	at the information officer or director	

indicated on this report of 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 Block 10 or Block 11 if changed, or on an attachment with an eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-04 (54).

54) 357-7808

Daytime Phone #