


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90009 043 \*\*\*150.00

**DOCUMENT # P0000066205**

1. Entity Name  
**WINKELMANN ASSOCIATES INCORPORATED**



Principal Place of Business  
**3807 BELMONT BLVD**  
**SARASOTA, FL 34232**

Mailing Address  
**3807 BELMONT BLVD**  
**SARASOTA, FL 34232**

**54056258**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05202004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-1028109**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**WINKELMANN, JUDY**  
**3807 BELMONT BLVD**  
**SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PVP</b>	<input type="checkbox"/> Delete
NAME	<b>WINKELMAN, JUDY</b>	
STREET ADDRESS	<b>200 FAREMAN DRIVE</b>	
CITY-ST-ZIP	<b>VENICE, FL 34293</b>	
TITLE	<b>* PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>WINKELMANN, ROY</b>	
STREET ADDRESS	<b>200 FAREMAN DRIVE</b>	
CITY-ST-ZIP	<b>VENICE, FL 34293</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 other like empowered.

SIGNATURE: *Judy Winkelman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-28-2004** (941) 342-9950  
Date Daytime Phone #

Attachment  
# P00000066205  
54056258

Winkelmann Associates Inc  
3807 Belmont Blvd  
Sarasota FL 34232  
941 342 9950

May 17, 2004

TO: Division of Corporations  
State of Florida

Reference:

Corp number: 65102810  
Winkelmann Associates Inc  
3807 Belmont Blvd  
Sarasota FL 34232

Please find included License fee of \$150.

Roy Winkelmann has been in and out of hospital since April 7, 2004

He just told me the renewal is due, please apply.

Thank you.

  
Judy Winkelmann