

# ANNUAL REPORT (AK)

DOCUMENT # P00000068969

1. Entity Name

VAN WINKLE ASSOCIATES, INC.



**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**



Principal Place of Business      Mailing Address  
1136 RIVEDGE DR      1136 RIVEDGE DR  
TARPON SPRINGS FL 34689      TARPON SPRINGS FL 34689

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
59-3661776      Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINKLE, CHARLES H  
1136 RIVEREDGE DR.  
TARPON SPRINGS FL 34689

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)

25 MAR 05

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE      P      Delete  
NAME      VAN WINKLE, CHARLES H  
STREET ADDRESS      1136 RIVEDGE DR  
CITY-ST-ZIP      TARPON SPRINGS FL 34689

TITLE      VP      Delete  
NAME      VAN WINKLE, SHARON D  
STREET ADDRESS      1136 RIVEDGE DR  
CITY-ST-ZIP      TARPON SPRINGS FL 34689

TITLE      Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      000000278683      Change      Addition  
NAME      03/28/05-80036-009 150.00  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      Change      Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      Change      Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      Change      Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      Change      Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      Change      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:      Signature and typed or printed name of signing officer or director

25 MAR 05      727-939-2493

Date

Daytime Phone #