


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000094769**

1. Entity Name  
**CRAIG A. WINKELMANN, DDS, PA**



Principal Place of Business 6550 NORTH FEDERAL HIGHWAY SUITE 550 FORT LAUDERDALE, FL 33308 US	Mailing Address 6550 NORTH FEDERAL HIGHWAY SUITE 550 FORT LAUDERDALE, FL 33308 US
--	--



05052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1045997</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WINKELMANN, CRAIG A  
 6149 VISTA LINDA LANE  
 BOCA RATON, FL 33433**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	TREA WINKELMANN, CRAIG A DR 6149 VISTA LINDA LN BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WINKELMANN, CRAIG A DR 6149 VISTA LINDA LN BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINKELMANN, CRAIG A DR 6149 VISTA LINDA LN BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WINKELMANN, CRAIG A DR 6149 VISTA LINDA LN BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

1100000364778  
 05/09/05-80009-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Craig A. Winkelmann 5/5/05 957/771-7007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #