


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90003 027 \*\*\*158.75

<b>DOCUMENT # P01000069299</b> 1. Entity Name <b>DAVID WINKLES, INC.</b>					
Principal Place of Business <b>10276 117TH DR. N LARGO, FL 33773</b>			Mailing Address <b>0046 SEMINOLE BLVD SEMINOLE, FL 35772</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>10276 117th Dr. N.</b> Suite, Apt. #, etc.		
City & State Suite, Apt. #, etc.			City & State <b>Largo FL.</b>		
Zip <b>33773</b>		Country		4. FEI Number <b>59-3741660</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WINKLES, DAVID 10276 117TH DR. N LARGO, FL 33773</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINKLES, DAVID 10276 117TH DR. N LARGO, FL 33773		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>David Winkles</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/11/06 (78723984614) <small>Date Daytime Phone #</small>		