

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90089 022 ***150.00

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1. Entity Name
WINKLES LAW GROUP, P.A.



Principal Place of Business -

**707 NORTH FRANKLIN ST
2ND FLOOR
TAMPA, FL 33602**

Mailing Address

**707 NORTH FRANKLIN ST
2ND FLOOR
TAMPA, FL 33602**

50005441



DO NOT WRITE IN THIS SPACE

01082005 No Chg-P CR2E034 (10/03)

4. FEI Number
82-0542499

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WINKLES, D. FRANK
WINKLES LAW GROUP
707 NO. FRANKLIN ST., 2ND FLOOR
TAMPA, FL 33602**

**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

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | D |
| NAME | WINKLES, D. FRANK ESQ |
| STREET ADDRESS | 190 ASHLEY DRIVE S., SUITE 100 707 NO. FRANKLIN ST |
| CITY - ST - ZIP | TAMPA, FL 33602 2ND FLOOR |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

813-226-3090