

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90355 042 ***150.00

DOCUMENT # P03000152335			
1. Entity Name WINKLER CONSTRUCTION & CARPENTRY, INC.			
Principal Place of Business 4 SOUTHERN TRACE BLVD ORMOND BEACH, FL 32174		Mailing Address 4 SOUTHERN TRACE BLVD ORMOND BEACH, FL 32174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 290 WARWICK AVE.		Suite, Apt. #, etc. 290 WARWICK AVE.	
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL	
Zip 32174		Zip 32174	
Country		Country	
4. FEI Number 03-0533022		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTLEY, BRETT ESQ 533 SEABREEZE BLVD DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINKLER, CHARLES H 4 SOUTHERN TRACE BLVD ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINKLER CHARLES H 290 WARWICK AVE. ORMOND BEACH FL. 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please Note New ADDRESS Thanks Charles H Winkler
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions cor indicated on this report or supplemental report is true and accurate and that my signature shall ha of the corporation or the receiver or trustee empowered to execute this report as required by Chap changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Charles H Winkler Pres</u>		Date: <u>3-30-06</u> Daytime Phone #: <u>(386) 677-7351</u>	
CHARLES H WINKLER			