

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 Suite, Apt. #, etc. 290 WARWICK AVE. City & State ORMOND BEACH FL. Zip 32174		3. Mailing Address Suite, Apt. #, etc. 290 WARWICK AVE. City & State ORMOND BEACH FL. Zip 32174																	
4. FEI Number 03-0533022		Applied For <input type="checkbox"/> 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 Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WINKLER, CHARLES H</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4 SOUTHERN TRACE BLVD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL 32174</td> </tr> </table>		TITLE	D <input type="checkbox"/> Delete	NAME	WINKLER, CHARLES H	STREET ADDRESS	4 SOUTHERN TRACE BLVD	CITY-ST-ZIP	ORMOND BEACH, FL 32174	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WINKLER CHARLES H</td> </tr> <tr> <td>STREET ADDRESS</td> <td>290 WARWICK AVE.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH FL. 32174</td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition	NAME	WINKLER CHARLES H	STREET ADDRESS	290 WARWICK AVE.	CITY-ST-ZIP	ORMOND BEACH FL. 32174
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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: Charles H Winkler Pres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-30-06 Daytime Phone # (386) 677-7351																	

CHARLES H WINKLER

Please Note
New ADDRESS
Thanks
Charles Winkler