2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2006 08:00 AM Secretary of State

1. Entity Name

WILLIAM F WINTERS D.C.P.A.

Principal Place of Business 39 SW MONTEREY RD STUART, FL 34994

Mailing Address

39 SW MONTEREY RD STUART, FL 34994

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P"

CR2E034 (11/05)

4. FEI Number 20-0748199 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

72 240-1619

6. Name and Address of Current Registered Agent

WINTERS, WILLIAM F DC 39 SW MONTEREY RD STUART, FL 34994

SIGNATURE:

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 primed name of registered agent and life if applicable (NOTE. Registered Agent signature coulded when retreating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000478869 04/08/06-80022-007 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS GUY-ST-ZIP	PVST WINTERS, WILLIAM F 39 SW MONTEREY RD STUART, FL 34994				
Title Name Street address City-St-Zip	D WINTERS, WILLIAM F 39 SW MONTEREY RD STUART, FL 34994				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
KILE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling goes 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 faccurate and that my signature shall have the same legal effect as if made under calln; that I am an officer or director of the corporation or the receiver or trusted empowered by 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 principles empowered.					

E OF SIGNING OFFICER OR DIRECTOR