# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P04000094044

1. Entity Name
WINKLER BEEFS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 18911 S. TAMIAMI TR #17<br>FT. MYERS, FL 33908 US | 18911 S. TAMIAMI TR #17<br>FT. MYERS, FL 33908 US |

DO NOT WRITE IN THIS SPACE

03022006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1401701
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, DAVID
11260 JACANA COURT #2007
FT. MYERS, FL 33908

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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, 2006 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 | BENNETT, DAVID |
| STREET ADDRESS | 11260 JACANA CT #2007 |
| CITY-ST-ZIP | FT. MYERS, FL 33908 |
| TITLE | C,P |
| NAME | BENNETT, DAVID |
| STREET ADDRESS | 11260 JACANA CT #2007 |
| CITY-ST-ZIP | FT. MYERS, FL 33908 |
| TITLE | D,VP |
| NAME | ENNIS, PETER |
| STREET ADDRESS | 21219 BRAXFIELD LOOP |
| CITY-ST-ZIP | ESTERO, FL 33928 |
| TITLE | D,T |
| NAME | MARTINEZ, WILLIAM |
| STREET ADDRESS | 107 HICKORY CREEK BLVD |
| CITY-ST-ZIP | BRANDON, FL 33511 |
| TITLE | D,S |
| NAME | MARTINEZ, JOHN |
| STREET ADDRESS | 7385 RADIO RD #101 |
| CITY-ST-ZIP | NAPLES, FL 34104 |
| TITLE | D |
| NAME | MAOTTASHED, LAWRENCE J |
| STREET ADDRESS | 14441 REFLECTION LAKES DRIVE |
| CITY-ST-ZIP | FORT MYERS, FL 33907 |

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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.

SIGNATURE: Lawrence J. Mottashed James J Mottashed 4/5/06 239-455-9464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #