


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90037 044 ***150.00

DOCUMENT # P04000094044 1. Entity Name WINKLER BEEFS, INC.	
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Principal Place of Business 18911 S. TAMiami TR #17 FT. MYERS, FL 33908 US	Mailing Address 18911 S. TAMiami TR #17 FT. MYERS, FL 33908 US
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1401701	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:

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

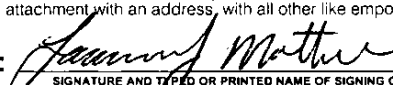
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DAVID 11260 JACANA CT #2007 FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C,P BENNETT, DAVID 11260 JACANA CT #2007 FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP ENNIS, PETER 21219 BRAXFIELD LOOP ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,T MARTINEZ, WILLIAM 107 HICKORY CREEK BLVD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S MARTINEZ, JOHN 7385 RADIO RD #101 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAOTTACHED , LAWRENCE J MOTT ASHED 14441 REFLECTION LAKES DRIVE 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:  **3/31/07** **239 454 9464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #