

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094044

Entity Name: WINKLER BEEFS, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

18911 S. TAMIAMI TR #17  
FT. MYERS, FL 33908 US

## New Principal Place of Business:

## Current Mailing Address:

18911 S. TAMIAMI TR #17  
FT. MYERS, FL 33908 US

## New Mailing Address:

FEI Number: 20-1401701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MOTTASHED, LAWRENCE J  
14441 REFLECTION LAKES DRIVE  
FT. MYERS, FL 33907 US

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.

SIGNATURE: LAWRENCE J MOTTASHED

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BENNETT, DAVID  
Address: 11260 JACANA CT #2007  
City-St-Zip: FT. MYERS, FL 33908 US

Title: C,P ( ) Delete  
Name: BENNETT, DAVID  
Address: 11260 JACANA CT #2007  
City-St-Zip: FT. MYERS, FL 33908 US

Title: D,VP ( ) Delete  
Name: ENNIS, PETER  
Address: 21219 BRAXFIELD LOOP  
City-St-Zip: ESTERO, FL 33928 US

Title: D,T ( ) Delete  
Name: MARTINEZ, WILLIAM  
Address: 107 HICKORY CREEK BLVD  
City-St-Zip: BRANDON, FL 33511 US

Title: D,S ( ) Delete  
Name: MARTINEZ, JOHN  
Address: 7385 RADIO RD #101  
City-St-Zip: NAPLES, FL 34104 US

Title: D ( ) Delete  
Name: MOTT ASHED, LAWRENCE J  
Address: 14441 REFLECTION LAKES DRIVE  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE J MOTTASHED

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date