

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90004 008 ***150.00

DOCUMENT # P05000041696

1. Entity Name

WINK MARINE DISTRIBUTOR OF WHOLESALE TACKLE,
INC.



Principal Place of Business

9757 HECKSCHER DR.
JACKSONVILLE, FL 32226

Mailing Address

9757 HECKSCHER DR.
JACKSONVILLE, FL 32226

DO NOT WRITE IN THIS SPACE



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1618857

Applied For
Not Applicable

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

-6. Name and Address of Current Registered Agent

WINKLER, DONALD S
9757 HECKSCHER DR.
JACKSONVILLE, FL 32226

**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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME WINKLER, JANICE L
STREET ADDRESS 9757 HECKSCHER DR.
CITY - ST - ZIP JACKSONVILLE, FL 32226

TITLE VTD
NAME WINKLER, DONALD S
STREET ADDRESS 9757 HECKSCHER DR.
CITY - ST - ZIP JACKSONVILLE, FL 32226

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #