

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90006 021 ***150.00

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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**



05272008 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**

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 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

JANICE L. WINKLER

4/14/08
Date

904/251-3558
Daytime Phone #