

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000098050

1. Entity Name  
BERT WINKLER P.A.



**FILED**  
**Aug 29, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
105 SOUTH NARCISSUS AVENUE  
SUITE 508  
WEST PALM BEACH, FL 33401 US

Mailing Address  
105 SOUTH NARCISSUS AVENUE  
SUITE 508  
WEST PALM BEACH, FL 33401 US



08262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-2051936

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WINKLER, BERT  
105 SOUTH NARCISSUS AVENUE  
SUITE 508  
WEST PALM BEACH, FL 33401

**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 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME WINKLER, BERT  
STREET ADDRESS 105 SOUTH NARCISSUS AVENUE, SUITE 508  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE  
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U000000358618  
08/29/08-80004-013 550.00

**DO NOT WRITE  
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 #