
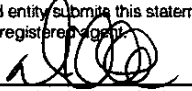



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90385 040 \*\*\*150.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P94000017683</b><br>1. Entity Name<br><b>THE CORKSCREW, INC.</b>   |   |   |  |  |  |
| Principal Place of Business<br><b>5109 N. SUNNYDALE CIRCLE<br/>SARASOTA, FL 34233</b>  |   |   | Mailing Address<br><b>5109 N. SUNNYDALE CIRCLE<br/>SARASOTA, FL 34233</b>  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>4982 S. TAMiami TR.</b>  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>4982 S. TAMiami TR.</b>  |   |  |
| City & State<br><b>SARASOTA, FL.</b>   |   |   | City & State<br><b>SARASOTA, FL.</b>   |   |  |
| Zip<br><b>34231</b>  |   | Country<br><b>USA</b>   |  | 4. FEI Number<br><b>65-0489382</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WHALEN, DENNIS P<br/>5109 N. SUNNYDALE CIRCLE<br/>SARASOTA, FL 34233</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>WHALEN, DENNIS P</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4315 VIA PIEDRA CIR.</b><br>City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34233</b> |   |  |
| 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.<br>SIGNATURE  <b>DENNIS P. WHALEN</b> <b>4/21/06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>P<br/>WHALEN, DENNIS P<br/>5109 N SUNNYDALE CIR<br/>SARASOTA, FL</b> | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| 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. |   |   |  |   |  |
| <b>SIGNATURE:</b>  <b>DENNIS P. WHALEN</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | <b>4/21/06</b> <b>941-925-3955</b><br><small>Date Daytime Phone #</small>  |   |  |