

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000014849

1. Entity Name
DR. PHILIP K. WINKLER AND ASSOCIATES, P.A.



Principal Place of Business
2416 W BRANDON BLVD
BRANDON, FL 33511 US

Mailing Address
2416 W BRANDON BLVD
BRANDON, FL 33511 US

**FILED
Jan 11, 2006 08:00 AM
Secretary of State**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0563693	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WINKLER, PHILIP K
2416 W BRANDON BLVD
BRANDON, FL 33511

**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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WINKLER, PHILIP
STREET ADDRESS 10222 GARDEN ALCONE DR.
CITY-ST-ZIP TAMPA, FL 33647

000000382584
01/12/06-80017-015 150.00

TITLE T
NAME WINKLER, PHILIP K O.D.
STREET ADDRESS 10222 GARDEN ALCONE DR.
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

1/6/06 813-684-7071
Date Daytime Phone #