## 2006 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT				Apr 24, 2006 08:00	
1. Entity Name	MENT # P960000326 winegeart, inc.	84		Secretary of Sta	ιt
	e of Business BORNE CIRCLE N E, FL 32225	Mailing Address 11619 SHERBORNE CIRCLE N JACKSONVILLE, FL 32225			
D	O NOT WRITE	IN THIS SPA	CE	04172006 No Chg-P CR2E034 (11/05)  4. FEI Number	ole
	6. Name and Address of Current Ro	gistered Agent	1	9	_
WINEGEART, JAMES P 11619 SHERBORNE CIRCLE NORTH JACKSONVILLE, FL 32225				DO NOT WRITE IN THIS SPACE	
9. The above	gamed antiby submits this statement for t	ha nurranee of changing its register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	nt
	ions of registered agent.	the ball bose of arteriging its regions.			,,,
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	nd Agent signature requires	ed when reinstaling) DATE	٠
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution				5.00 May Be ided to Fees	
10.	OFFICERS AND D	RECTORS	1		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WINEGEART, JAMES P 11619 SHERBORNE CIRCLE N JACKSONVILLE, FL 32225	- T. 15-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000529304 05/05/06-80073-003 150.0	<b>)</b> 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				,	

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 cath; that I am an officer or director of the corporation or the rederver or pristee 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE: X

CITY -ST-ZIP