

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # P97000105803

1. Entity Name
WINKLE, INC.



Principal Place of Business

1380 N RIDGE BLVD
CLERMONT, FL 34711

Mailing Address

PO BOX 120911
CLERMONT, FL 34712-911 US



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3482782

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WINKLE, CINDY L
18033 ROSE STREET
GROVELAND, FL 34736

**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, handwritten or printed name of registered agent and fee paid.

Signature of Registered Agent and fee paid.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
PTS
WINKLE, CINDY
18033 ROSE ST
GROVELAND, FL 34736

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
V
WINKLE, RICHARD A
18033 ROSE ST
GROVELAND, FL 34736

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

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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:

Cindy L. Winkle, President 03/26/08 (1352)242-9572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy L. Winkle