



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90010 019 \*\*\*150.00

<b>DOCUMENT # P98000100949</b> 1. Entity Name <b>WINTER GERMAN STEAKHOUSE, INC.</b>																	
Principal Place of Business <b>2594 MAGUIRE ROAD #201 OCOE, FL 34761</b>			Mailing Address <b>1126 ENGLISH GARDEN LANE WINTER GARDEN, FL 34787</b>														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>160 Beacon Point Drive</b>		  02022006    Chg-P    CR2E034 (11/05)													
City & State		City & State <b>Ocoee, FL</b>															
Zip      Country		Zip      Country <b>34761      U.S.A.</b>															
4. FEI Number <b>59-3545469</b>		Applied For <input type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>WINTER, HORST 2594 MAGUIRE RD OCOE, FL 34761</b>													
7. Name and Address of New Registered Agent Name																	
Street Address (P.O. Box Number is Not Acceptable)																	
City <b>FL</b> Zip Code																	
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 _____ <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 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>		10. OFFICERS AND DIRECTORS													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINTER, HORST 1126 ENGLISH GARDEN LANE WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-01-06    407-884-9234