

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90016 019 ***150.00

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03092007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000100949 1. Entity Name WINTER GERMAN STEAKHOUSE, INC.											
Principal Place of Business 2594 MAGUIRE ROAD #201 OCOE, FL 34761			Mailing Address 160 BEACON POINT DRIVE OCOE, FL 34761								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.									
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3545469							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> 6. Name and Address of Current Registered Agent WINTER, HORST 2594 MAGUIRE RD OCOE, FL 34761 </td> <td colspan="3" style="padding: 5px;"> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>						6. Name and Address of Current Registered Agent WINTER, HORST 2594 MAGUIRE RD OCOE, FL 34761			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees									
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINTER, GABI 1126 ENGLISH GARDEN LANE WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
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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:

03-29-07

Date _____ Daytime Phone # _____