

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90136 040 ***150.00

DOCUMENT # V74158

1. Entity Name

THE WEINKLE GROUP, INC.



Principal Place of Business

2601 HOLLYWOOD BLVD
HOLLYWOOD FL 33020
US

Mailing Address

2408 HOLLYWOOD BLVD
HOLLYWOOD FL 33020
US

00006811



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0428533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINKLE, BARNEY NEIL
2408 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

D WEINKLE, BARNEY NEIL ☐ Delete
100 SE 2ND ST. #2620
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
1040 S. Federal Hwy.
Hollywood, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 are empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/15/06

954-926-0481

Date

Daytime Phone #