2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90047 012 ****61.25

40016238

DOCUMENT # 737514

1. Entity Name
WINDLASSES, INC.

Principal Place of Business	Mailing Address
5152 58 LANE N. KENNETH CITY, FL 33709	5152 58 LANE N. KENNETH CITY, FL 33709

01122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
13704 COUNTRY COURT DR	13704 COUNTRY COURT DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33625 Country: USA	Zip: 33625 Country: USA

4. FEI Number: NOT APPLICABLE ☐ 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
ALLEN, GAIL 5152 58 LANE N. KENNETH CITY, FL 33709	Name: KOMAR, GAIL Street Address (P.O. Box Number is Not Acceptable): 13704 COUNTRY COURT DR. City: TAMPA FL Zip Code: 33625

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: Gail Komar 1-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RENNER, MARY JO 702 TOMOKA DR PALM HARBOR, FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHASCO, ~~Bobbi~~ Barbara 4344 TREMBLAY WAY PALM HARBOR, FL 34685	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHUR, PAULA 2579 SWEETGUM WAY W CLEARWATER, FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PAGE, MARTI 1951 DUNBRODY COURT DUNEDIN, FL 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DICK, BETTY P.O. BOX 117 OZONA, FL 34660	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RISBERG, JAN 485 LAKEVIEW DR. PALM HARBOR, FL 34683	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WIEHER, SANDRA 2215 LAGOON DR DUNEDIN, FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD McCONNELL, LORI 80 SQUIRE COURT DUNEDIN, FL 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Barbara Chasco 2/4/05 (727) 943-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #