

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036243

Entity Name: CHAMPAGNE WINDS INC

FILED
Mar 24, 2004
Secretary of State

Current Principal Place of Business:

5131 ST ALBANS AVE
SARASOTA, FL 34242

New Principal Place of Business:

989 GRAHAM ROAD
VENICE, FL 34293

Current Mailing Address:

989 GRAHAM ROAD
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-1099137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, LOURDES
989 GRAHAM ROAD
VENICE, FL 34293

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMIREZ, LOURDES
Address: 989 GRAHAM ROAD
City-St-Zip: VENICE, FL 34293

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: RESKER, ERIC
Address: 989 GRAHAM ROAD
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOURDES RAMIREZ

P

03/24/2004

Electronic Signature of Signing Officer or Director

Date