


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91514 038 \*\*\*158.75

**DOCUMENT # P98000025412**

1. Entity Name  
**SONGS... OF THE WIND, INC.**



Principal Place of Business      Mailing Address  
889 SW 165TH ST.      889 SW 165TH ST.  
OCALA, FL 34473      Ocala, FL 34473

**10007003**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3506430**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILKINSON, JILL J**  
889 SW 165TH ST.  
OCALA, FL 34473

7. Name and Address of New Registered Agent

Name      **CARNEY, WILLIAM R. III**

Street Address (P.O. Box Number is Not Acceptable)  
**889 S.W. 165th Street**

City      **Ocala**      FL      Zip Code      **34473**

B. 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  **William R. Carney III PTD**      DATE **31 Dec 2002**

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when changing)      DATE

**FILE NOW!!! SEE 184189.DG**  
**After May 1, 2003 See Will by 1861.DG**  
**Make a Fee! 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	<b>PSTD WILKINSON, JILL J 889 SW 165TH ST. OCALA, FL 34473</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD Carney, William R. III 889 S.W. 165th St. Ocala, Fl 34473</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Wilkinson, Jill J 889 S.W. 165th St Ocala, Fl 34473</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  **William R. Carney III, PTD**      DATE **31 Dec 2002**      352-840-2846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #