


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90018 045 ***550.00

DOCUMENT # 174584 1. Entity Name THE WINDSOR CORPORATION			
Principal Place of Business C/O MRS. ANTHONY G. PAVLIS 4300 LAKESIDE DRIVE, #16 JACKSONVILLE, FL 32210 US		Mailing Address C/O MRS. ANTHONY G. PAVLIS 4300 LAKESIDE DRIVE, #16 JACKSONVILLE, FL 32210 US	
2. Principal Place of Business 6195 Lake Gray Blvd Suite, Apt. #, etc.		3. Mailing Address 4985 Arapahoe Ave Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JAX, FL	
Zip 32210		Country USA	
4. FEI Number 59-6069300		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STONEBURNER, GRESHAM STONEBURNER, BERRY, AND GOLDMAN, P.A. 225 WATERS ST, SUITE 2050 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	PTD PAVLIS, BLANCHE U 4300 LAKESIDE DR. #16 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVLIS, PAULA 1210 CASIANO RD, BELAIR LOS ANGELES, CA 90049 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVLIS, GEORGE A P.O. BOX 96 RIVERSIDE, CT 06878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVLIS, ALFRED U. 494 REDDING ROAD FAIRFIELD, CT 06430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: X Blanche U. Pavlis July 31, 2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			