2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 174584

1. Entity Name
THE WINDSOR CORPORATION

Principal Place of Business	Mailing Address
6195 LAKE GRAY BLVD JACKSONVILLE, FL 32210 US	4985 ARAPAHOE AVE JACKSONVILLE, FL 32210 US

DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-6069300
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PAVLIS, BLANCHE U
STREET ADDRESS	1782 WHITESIDE MOUNTAIN RD
CITY-ST-ZIP	HIGHLANDS, NC 28741
TITLE	D
NAME	PAVLIS, PAUL A
STREET ADDRESS	1210 CASIANO RD, BELAIR
CITY-ST-ZIP	LOS ANGELES, CA 90049
TITLE	D
NAME	PAVLIS, GEORGE A
STREET ADDRESS	P.O. BOX 96
CITY-ST-ZIP	RIVERSIDE, CT 06878
TITLE	D
NAME	PAVLIS, ALFRED U.
STREET ADDRESS	494 REDDING ROAD
CITY-ST-ZIP	FAIRFIELD, CT 06430
TITLE	D
NAME	SMITH, CHARLES C JR
STREET ADDRESS	4985 ARAPAHOE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Charles C Smith 3/28/06 904-421-8553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles C Smith Jr