


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 480293.</b> 1. Entity Name WINDOVER FARMS, INC.	
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Principal Place of Business  
516 DELANNOY AVE  
COCOA, FL 32922 US

Mailing Address  
PO BOX 3767  
COCOA, FL 32924 US



03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1648519	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

KIRSCHENBAUM, MALCOLM R  
516 DELANNOY AVE  
COCOA, FL 32926

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SWANN, JIM 516 DELANNOY AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRSCHENBAUM, MALCOLM R 516 DELANNOY AVE COCOA, FL 32922
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04/14/05-80026-U03 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Malcolm L. Kirschenbaum* 3/31/05 321  
631-2022

Date

Daytime Phone #