

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 621196

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: WESTWIND FISHING COMPANY, INC.

## Current Principal Place of Business:

1110 TRUMAN AVENUE  
KEY WEST, FL 33040 US

## New Principal Place of Business:

## Current Mailing Address:

1110 TRUMAN AVENUE  
KEY WEST, FL 33040 US

## New Mailing Address:

FEI Number: 59-2057690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, GORDON  
1110 TRUMAN AVE  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

SMITH, PAULETTE  
1110 TRUMAN AVE  
KEY WEST, FL 33040 US

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: PAULETTE SMITH

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, PAULETTE K  
Address: 1110 TRUMAN AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: VPD ( ) Delete  
Name: SMITH, GORDON  
Address: 1110 TRUMAN AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: VSTD ( ) Delete  
Name: GROOMS, JUSTIN  
Address: 1405 VERNON AVE  
City-St-Zip: KEY WEST, FL 33040

Title: VPD ( ) Delete  
Name: GROOMS, BASCOM IV  
Address: 1102 WHITE STREET  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: PAULETTE SMITH

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date