
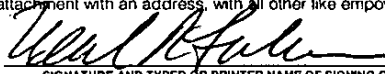


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90259 030 \*\*\*150.00

<b>DOCUMENT # 856020</b> 1. Entity Name <b>REGENCY WINDSOR, INC.</b>					
Principal Place of Business <b>1025 FLAMEVINE LANE SUITE 3 VERO BCH, FL 32963</b>			Mailing Address <b>1025 FLAMEVINE LANE SUITE 3 VERO BCH, FL 32963</b>		
2. Principal Place of Business <b>1101 18th Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1477</b> Suite, Apt. #, etc.			
City & State <b>Vero Beach, FL</b> Zip <b>32960</b>		City & State <b>Vero Beach, FL</b> Zip <b>32961</b>		4. FEI Number <b>37-1121423</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LAMBERT, ROY H. 1025 FLAMEVINE LANE SUITE 3 VERO BEACH, FL 32963</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>LAMBERT, ROY H</b> <b>1025 FLAMEVINE LANE, SUITE 3</b> <b>VERO BEACH, FL 32963</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>Lambert, Roy H.</b> <b>1101 18th Place</b> <b>Vero Beach, FL 32960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LAMBERT, PHILIP A</b> <b>1025 FLAMEVINE LANE, SUITE 3</b> <b>VERO BEACH, FL 32963</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Lambert, Philip A.</b> <b>1101 18th Place</b> <b>Vero Beach, FL 32960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>LOHUIS, NEAL R.</b> <b>1025 FLAMEVINE LANE, SUITE 3</b> <b>VERO BEACH, FL 32963</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Lohuis, Neal R.</b> <b>1101 18th Place</b> <b>Vero Beach, FL 32960</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	<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.					
<b>SIGNATURE:</b> 			<b>Neal R. Lohuis, Treasurer</b> <i>4/21/05</i> (772) 778-8240		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		