


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005959 1. Entity Name WESTWINDS MANAGEMENT CORP.	
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Principal Place of Business 2911 DEERWOOD CT. HENDERSON, NV 89074	Mailing Address 2911 DEERWOOD CT. HENDERSON, NV 89074
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01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EVANS, MARY ANN 4921 SW 17TH PLACE CAPE CORAL, FL 33914
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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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000262349 03/14/05-80076-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EVANS, MARY ANN 2911 DEERWOOD CT. HENDERSON, NV 89074
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EVANS, JACK P.O. BOX 150736 CAPE CORAL, FL 339150736
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HEGARTY, ERIN 2911 DEERWOOD CT. HENDERSON, NV 89074
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MCCONCHIE, BRIAN 2517 EL CAMINO DEL NORTE #2 ENCINITAS, CA 92024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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)(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: Mary Ann Evans 2-28-05 239-549-3450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #