

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90082 042 ***150.00

DOCUMENT # F04000006272

1. Entity Name
WINDIGO ARCHITECTS, P.A.



Principal Place of Business Mailing Address
ONE NORTH CLEMATIS STREET, STE. 320 ONE NORTH CLEMATIS STREET, STE. 320
WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

40003966



01052005 Chg-P CR2E034 (10/03)

4. FEI Number 22-2622499 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
ONE NORTH CLEMATIS STREET, STE. 320
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____

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	PT	<input type="checkbox"/> Delete
NAME	GUBELMANN, JAMES B	
STREET ADDRESS	914 MT. KEMBLE AVE.	
CITY-ST-ZIP	MORRISTOWN, NJ 07960	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUBELMANN, M. LOUIS	
STREET ADDRESS	914 MT. KEMBLE AVE.	
CITY-ST-ZIP	MORRISTOWN, NJ 07960	
TITLE	SA	<input type="checkbox"/> Delete
NAME	SAYER, RICHARD N ESQ	
STREET ADDRESS	130 BELLEVUE AVE., UNIT 2	
CITY-ST-ZIP	NEWPORT, RI 02840	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, M. LOUIS	
STREET ADDRESS	914 Mt. Kemble Ave.	
CITY-ST-ZIP	Morristown, NJ 07960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2004 (561) 659-4455
Date Daytime Phone #