2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000005870

1. Entity Name

WINDSOR HOLDING SERVICES LIMITED, INC.



FILED Jan 17, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1900 RINGLING BLVD. SARASOTA, FL 34236 1900 RINGLING BLVD. SARASOTA, FL 34236



DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0468249

Applied For Not Applicable

5. Certificate of Status Desired

1-12-06

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUMBAUGH, JOHN D 1900 RINGLING BLVD. SARASOTA, FL 34236

SIGNATURE:

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, typod or printed name of registered agent and title if explicable (NOTE, Registered				required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campalgn Finance Trust Fund Contribution.			zīng	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE MAME STREET AUDRESS CITY-ST-ZIP	CP BELL, MICHAEL 1900 RINGLING BLVD. SARASOTA, FL 34236				0000000387561 01/19/06-80040-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DUMBAUGH, BARBARA C 1900 RINGLING BLVD. SARASOTA, FL 34236					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DUMBAUGH, JOHN D 1900 RINGLING BLVD. SARASOTA, FL 34236		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 light empowered.						

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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR