

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004216

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: FOUR WINDS INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

701 COUNTY ROAD 15  
ELKHART, IN 46516

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1486  
ELKHART, IN 46515

**New Mailing Address:**

FEI Number: 35-1857534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

POWELL, W. SCOTT ESQUIRE  
399 CAROLINA AVENUE  
SUITE 100  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: THOMPSON, WADE F.B.  
Address: THOR INDUSTRIES, INC., PO BOX 629  
City-St-Zip: JACKSON CENTER, OH 453340629

Title: VC ( ) Delete  
Name: ORTHWEIN, PETER B  
Address: PO BOX 629  
City-St-Zip: JACKSON CENTER, OH 453340629

Title: P ( ) Delete  
Name: KIME, JEFF  
Address: 701 COUNTY ROAD 15  
City-St-Zip: ELKHART, IN 46516

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JEFF KIME

PRES

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date