


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90049 001 ***150.00

DOCUMENT # H48140	
1. Entity Name WINDY WOOD, INC.	

Principal Place of Business 4770 LAKELY DRIVE TALLAHASSEE, FL 32303 US	Mailing Address 4770 LAKELY DRIVE TALLAHASSEE, FL 32303 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03182004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2569326	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOFMEISTER, RACHAEL T 4770 LAKELY DRIVE TALLAHASSEE, FL 32303	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP THOMPSON, JO ANNE M. 2580 OX BOTTOM RD. TALLAHASSEE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOFMEISTER, RACHAEL T. 4770 LAKELY DRIVE TALLAHASSEE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JAMES R. JR. 2580 OX BOTTOM RD. TALLAHASSEE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LESTER L. 3711 TOM JOHN LANE TALLAHASSEE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIR, KELLY THOMPSON 6450 BORDERLINE DR. TALLAHASSEE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, WILLIAM J. 1288 GARR LN. TALLAHASSEE, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JoAnne M. Thompson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5993 Miles Blake Dr. Tallahassee FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James R. Thompson Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5993 Miles Blake Dr. Tallahassee FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelly T. Langston <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9480 Boykin Rd Tallahassee FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William J. Thompson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5993 Miles Blake Dr. Tallahassee FL 32309

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rachael T. Hofmeister

3/19/04

850-562-4253

Date

Daytime Phone #

See additional page

^{attachment}
Please Add Additional Director

for H48140 Windy Wood, Inc. #H48140

<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
H. Duwood Thompson 5993 Miles Blake Dr. Tallahassee FL 32309
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

