


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # H48140 1. Entity Name WINDY WOOD, INC.	
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Principal Place of Business 4770 LAKELY DRIVE TALLAHASSEE, FL 32303 US	Mailing Address 4770 LAKELY DRIVE TALLAHASSEE, FL 32303 US
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02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2569326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOFMEISTER, RACHAEL T 4770 LAKELY DRIVE TALLAHASSEE, FL 32303

**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, typed or printed name of registered agent and title (if applicable). (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 NAME STREET ADDRESS CITY - ST - ZIP	CP THOMPSON, JO ANNE M. 5993 MILES BLAKE DR. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HOFMEISTER, RACHAEL T. 4770 LAKELY DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, JAMES R. JR. 5993 MILES BLAKE DR. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, LESTER L. 3711 TOM JOHN LANE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAIR, KELLY THOMPSON 9480 BOYKIN RD. TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, WILLIAM J. 5993 MILES BLAKE DR. TALLAHASSEE, FL 32309

U00000340532
04/28/05-80115-012 150.00

**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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 **850-562-4283**
Date Daytime Phone #