

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H48140

1. Entity Name
WINDY WOOD, INC.



FILED
Apr 25, 2006 08:00 AM
Secretary of State

Principal Place of Business
**4770 LAKELY DRIVE
TALLAHASSEE, FL 32303 US**

Mailing Address
**4770 LAKELY DRIVE
TALLAHASSEE, FL 32303 US**



04222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2569326

Applied For
Not Applicable

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000532893
05/06/06-80101-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	THOMPSON, JO ANNE M.
STREET ADDRESS	5993 MILES BLAKE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	DST
NAME	HOFMEISTER, RACHAEL T.
STREET ADDRESS	4770 LAKELY DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	THOMPSON, JAMES R. JR.
STREET ADDRESS	5993 MILES BLAKE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	D
NAME	THOMPSON, LESTER L.
STREET ADDRESS	3711 TOM JOHN LANE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	HAIR, KELLY THOMPSON
STREET ADDRESS	9480 BOYKIN RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	D
NAME	THOMPSON, WILLIAM J.
STREET ADDRESS	5993 MILES BLAKE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

4/24/06

850 5624

Date

Daytime Phone #