

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 08:00 A
Secretary of State

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



05082007 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 reissuing)

DATE

000000762560
05/29/07-80016-002 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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

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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 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

5/8/07

Daytime Phone #