


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90001 039 ***150.00

DOCUMENT # H64776 1. Entity Name WINDMILL FARMS NURSERIES, INC.	
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Principal Place of Business 4687 S HAMMOCK RD ZOLFO SPRINGS, FL 33890	Mailing Address 4687 S HAMMOCK RD ZOLFO SPRINGS, FL 33890
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DO NOT WRITE IN THIS SPACE

40000000



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2552120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORD, ERIC C. 4855 S HAMMOCK RD ZOLFO SPRINGS, FL 33890
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORD, ERIC C. 4855 S HAMMOCK RD ZOLFO SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORD, JUDITH A. 4715 S HAMMOCK RD ZOLFO SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORD, JASON 4664 S HAMMOCK RD ZOLFO SPRINGS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE:  Eric C. Cord	1/30/07 863-935-0904 Date Daytime Phone #
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