

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # J45972	
1. Entity Name PAYWIND, INC.	

Principal Place of Business % ERNEST E. SCHWIND, JR. 1017 E. BURGESS RD. PENSACOLA FL 32504	Mailing Address % ERNEST E. SCHWIND, JR. 1017 E. BURGESS RD. PENSACOLA FL 32504
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 59-2750733	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWIND, ERNEST E., JR. 1017 E. BURGESS RD. PENSACOLA FL 32504	
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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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	PAYNE, JERRY R.
STREET ADDRESS	20 CALLE HERMOSA
CITY - ST - ZIP	PENSACOLA BCH FL 32561
TITLE	☐ Delete
NAME	PAYNE, PAULETTE L.
STREET ADDRESS	20 CALLE HERMOSA
CITY - ST - ZIP	PENSACOLA FL 32561
TITLE	☐ Delete
NAME	DST
STREET ADDRESS	SCHWIND, ERNEST E., JR.
CITY - ST - ZIP	1017 E. BURGESS ROAD PENSACOLA FL 32504
TITLE	☐ Delete
NAME	SCHWIND, NOMIA J.
STREET ADDRESS	1017 E. BURGESS ROAD
CITY - ST - ZIP	PENSACOLA FL 32504
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000049286
02/13/04-80017-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 all other like empowered.

SIGNATURE: Ernest E. Schwind, Jr. **ERNEST E. SCHWIND, JR.** 2/11/04 (850) 477-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #