

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90130 011 \*\*\*150.00

**DOCUMENT # J62385**

1. Entity Name

**FAIRWINDS PROPERTIES, INC.**



Principal Place of Business

10225 ULMERTON RD. STE 3D  
LARGO FL 33771  
US

Mailing Address

10225 ULMERTON RD. STE 3D  
LARGO FL 33771  
US

34053430



MOORE

CR2E034 (11/03)

2. Principal Place of Business

155 N. Indian Rocks Rd

Suite, Apt. #, etc.

Suite B  
City & State

Belleair Bluffs FL

Zip  
33770

Country

USA

3. Mailing Address

455 N. Indian Rocks

Suite, Apt. #, etc.

Suite B  
City & State

Belleair Bluffs FL

Zip  
33770

Country

USA

4. FEI Number

59-2811797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VELTMAN, GREG  
455 N. INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

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	DS	<input type="checkbox"/> Delete
NAME	VELTMAN, GREG	
STREET ADDRESS	455 N. INDIAN ROCKS ROAD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	YOUSEF, KAL EL	
STREET ADDRESS	455 N. INDIAN ROCKS ROAD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARODY, MICHAEL	
STREET ADDRESS	455 N INDIAN ROCKS RD.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	TV	<input type="checkbox"/> Delete
NAME	BUCKLES, WILLIAM G.	
STREET ADDRESS	455 N. INDIAN ROCKS ROAD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELTMAN, DAVID M.	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	Addition
NAME	Suite B		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	Addition
NAME	Suite B		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	Addition
NAME	Suite B		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	Addition
NAME	Suite B		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Buckles 4/30/04 727-584-7141

Date

Daytime Phone #