

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # J86634

1. Entity Name
WINDSWEPT 5, INC.



Principal Place of Business
**% ANNE YATES BURST
1611 WALNUT AV
WINTER PARK, FL 32789**

Mailing Address
**% ANNE YATES BURST
1611 WALNUT AV
WINTER PARK, FL 32789**



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2865673

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BURST, ANNE YATES
1101 PALMER AVE
WINTER PARK, FL 32789**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURST, ANNE YATES
STREET ADDRESS	1101 PALMER AVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	D
NAME	ARTMEIER, JUNE YATES
STREET ADDRESS	8721 SW 192ND ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	BOYNTON, PAMELA YATES
STREET ADDRESS	2535 HIDDEN VALLEY PLACE
CITY-ST-ZIP	LA JOLLA, CA
TITLE	D
NAME	JUNGLES, DEBRA YATES
STREET ADDRESS	7291 S.W. 52ND COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 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

1/06/07

407-644-3669

Date

Daytime Phone #