

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J86634

Entity Name: WINDSWEPT 5, INC.

FILED  
Feb 06, 2009  
Secretary of State

## Current Principal Place of Business:

987 OCEAN DRIVE  
SUMMERLAND KEY, FL 33042

## New Principal Place of Business:

## Current Mailing Address:

111 BERESFORD CREEK STREET  
DANIEL ISLAND, SC 29492

## New Mailing Address:

FEI Number: 59-2865673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURST, ANNE YATES  
1611 WALNUT AVENUE  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BURST, ANNE YATES,  
Address: 1611 WALNUT AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: ARTMEIER, JUNE YATES,  
Address: 1217 OVERLOOK DRIVE  
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Delete  
Name: BOYNTON, PAMELA YATE, S  
Address: 2535 HIDDEN VALLEY PLACE  
City-St-Zip: LA JOLLA, CA

Title: D ( ) Delete  
Name: JUNGLES, DEBRA YATES,  
Address: 1205 VON PHISTER  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: SANDERS, SUSAN  
Address: 111 DOVETAIL CROSSING  
City-St-Zip: SAVANNAH, GA 31419

Title: O ( ) Delete  
Name: ARTMEIER, AMY L  
Address: 111 BERESFORD CREEK STREET  
City-St-Zip: DANIEL ISLAND, SC 29492 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: YATES, DEBRA,  
Address: 1205 VON PHISTER  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY L. ARTMEIER

MS.

02/06/2009

Electronic Signature of Signing Officer or Director

Date