

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90018 008 \*\*\*150.00

**DOCUMENT # K84794**

1. Entity Name  
**WINDJAMMER COMPUTER CORPORATION**



Principal Place of Business  
**13711 SW 52ND PLACE  
SOUTHWEST RANCHES, FL 33330-2252**

Mailing Address  
**13711 SW 52ND PLACE  
SOUTHWEST RANCHES, FL 33330-2523**

20001010



2. Principal Place of Business  
**12501 SW 5th St**  
Suite, Apt. #, etc.

3. Mailing Address  
**12501 SW 5th St**  
Suite, Apt. #, etc.

07122005 Chg-P CR2E034 (10/03)

City & State  
**DAVIE, FL**

City & State  
**DAVIE, FL**

4. FEI Number  
**65-0118123**

Applied For  
Not Applicable

Zip  
**33325**

Country  
**BROWARD**

Zip  
**33325**

Country  
**BROWARD**

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

**6. Name and Address of Current Registered Agent**

**TOWBIN, JERRY  
13711 SW 52ND PLACE  
SOUTHWEST RANCHES, FL 33330-2523**

**7. Name and Address of New Registered Agent**

Name **SUSAN Towbin**

Street Address (P.O. Box Number is Not Acceptable)  
**12501 SW 5th St**

City **DAVIE**

FL

Zip Code  
**33325**

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 **7/12/05**

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☒ Delete  
NAME **TOWBIN, JERRY**  
STREET ADDRESS **13711 SW 52ND PL**  
CITY-ST-ZIP **SOUTHWEST RANCHES, FL 33330**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition  
NAME **Towbin Susan**  
STREET ADDRESS **12501 SW 5th St**  
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ 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

DATE **7/12/05**

DAYTIME PHONE # **954-236-8466**