


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90021 014 ***158.75

DOCUMENT # M51679	
1. Entity Name WINDSOR FINANCIAL CORPORATION OF FLORIDA	

Principal Place of Business 5100 N OCEANBLVD SUITE 911 FT. LAUDERDALE FL 33308-3012	Mailing Address 5100 N. OCEAN BLVD SUITE #911 FT. LAUDERDALE FL 33308-3012 US
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-2796181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENTA, JAMES A.
 5100 N. OCEAN BLVD.
 SUITE 911
 FT. LAUDERDALE FL 33308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DPC	<input type="checkbox"/> Delete
NAME PENTA, JAMES A.	
STREET ADDRESS 5100 N. OCEAN BLVD, SUITE 911	
CITY-ST-ZIP FORT LAUDERDALE FL 33308-3012	
TITLE VPD	<input type="checkbox"/> Delete
NAME PENTA, KIM M	
STREET ADDRESS 5100 N OCEAN BLVD SUITE 913	
CITY-ST-ZIP FORT LAUDERDALE FL 33308-3012	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME PENTA, CARMINE A	
STREET ADDRESS 1312 POMPANO ROAD	
CITY-ST-ZIP PANAMA CITY BEACH FL 32407	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James A. Penta Pres.* **JAMES A. PENTA** **3-27-04 (954) 946-8216**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #