


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M75429</b> 1. Entity Name <b>WINDES ENTERPRISES, INC.</b>	
---	---

Principal Place of Business <b>210A HARBOR BLVD DESTIN, FL 32541 US</b>	Mailing Address <b>P O BOX 632 DESTIN, FL 32540 US</b>
--	---

**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2891968</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**WINDES, MARY ANNE  
210 A HARBOR BLVD  
DESTIN, FL 32541**

**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  DATE 4-15-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000305257</b> <b>05/01/08-80045-020 150.00</b>
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>WINDES, CHARLES K JR. 210A HARBOR BLVD DESTIN, FL 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>WINDES, MARY ANNE 210 A HARBOR BLVD DESTIN, FL 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>THRASHER, JOSEPH E 514 1ST AVE DESTIN, FL 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>HAEUSLER, STEVE 339 STAHLMAN DESTIN, FL 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  DATE 4-15-08 850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 837-2211  
Date Daytime Phone