

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75429

Entity Name: WINDES ENTERPRISES, INC.

FILED  
Apr 10, 2009  
Secretary of State

## Current Principal Place of Business:

210A HARBOR BLVD  
DESTIN, FL 32541 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 632  
DESTIN, FL 32540 US

## New Mailing Address:

FEI Number: 59-2891968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINDES, MARY ANNE  
210 A HARBOR BLVD  
DESTIN, FL 32541 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: DP ( ) Delete  
Name: WINDES, CHARLES K JR.  
Address: 210A HARBOR BLVD  
City-St-Zip: DESTIN, FL 32541

Title: DT ( ) Delete  
Name: WINDES, MARY ANNE  
Address: 210 A HARBOR BLVD  
City-St-Zip: DESTIN, FL 32541

Title: DV ( ) Delete  
Name: THRASHER, JOSEPH E  
Address: 514 1ST AVE  
City-St-Zip: DESTIN, FL 32541

Title: DS ( ) Delete  
Name: HAEUSLER, STEVE  
Address: 339 STAHLMAN  
City-St-Zip: DESTIN, FL 32541

## 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: ( ) 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: MARY ANNE WINDES

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04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date