

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001310

Entity Name: SOLAR WINDS, INC.

FILED  
Apr 26, 2004  
Secretary of State

## Current Principal Place of Business:

3181 NW 13TH ST.  
GAINESVILLE, FL 32609 US

## New Principal Place of Business:

606 N.W. 32ND PLACE  
GAINESVILLE, FL 32609 US

## Current Mailing Address:

PO BOX 358093  
GAINESVILLE, FL 326358093 US

## New Mailing Address:

606 N.W. 32ND PLACE  
GAINESVILLE, FL 32609 US

FEI Number: 59-3186211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WYNN, SUZANNE M  
3181 NW 13TH STREET  
GAINESVILLE, FL 32609 US

## Name and Address of New Registered Agent:

WYNN, SUZANNE M  
606 N.W. 32ND PLACE  
GAINESVILLE, FL 32609 US

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: SUZANNE M. WYNN

04/26/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WYNN, SUZANNE M  
Address: 606 NW 32ND PLACE  
City-St-Zip: GAINESVILLE, FL 32609

Title: SD ( ) Delete  
Name: BLACK, LYNN  
Address: 25229 N E SR 26  
City-St-Zip: MELROSE, FL 32666

Title: VTD ( ) Delete  
Name: POLANSKY, BURT  
Address: 1306 NE 12TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32601

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE M. WYNN

PD

04/26/2004

Electronic Signature of Signing Officer or Director

Date