



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90028 002 ***150.00

DOCUMENT # P00000001678					
1. Entity Name WARM WINDS ONE, INC.					
Principal Place of Business 864 S. TOWN & RIVER DR. FT. MYERS, FL 33919			Mailing Address 864 S. TOWN & RIVER DR. FT. MYERS, FL 33919		
2. Principal Place of Business 6309 Corporate Ct Suite, Apt. #, etc. Suite 203 City & State Fort Myers, FL Zip 33919 Country USA		3. Mailing Address 3928 Richland Ave N.W. Suite, Apt. #, etc. City & State Roanoke, VA Zip 24012 Country USA			
01052005 Chg-P CR2E034 (10/03)		4. FEI Number 65-0975910		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ENGEL, NORMA 864 S. TOWN & RIVER DR. FT. MYERS, FL 33919	
7. Name and Address of New Registered Agent Name John A. Engel Street Address (P.O. Box Number is Not Acceptable) 6309 Corporate Ct Suite 203 City Fort Myers FL Zip Code 33919				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: John A. Engel U.P. DATE: 1-6-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ENGEL, NORMA Z STREET ADDRESS 864 S. TOWN & RIVER DR. CITY-ST-ZIP FT. MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE P NAME Engel, Norma Z STREET ADDRESS 3928 Richland Ave N.W. CITY-ST-ZIP Roanoke, VA 24012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ENGEL, JOHN A STREET ADDRESS 864 S. TOWN & RIVER DR. CITY-ST-ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE VP NAME Engel, John A STREET ADDRESS 6309 Corporate Ct, Suite 203 CITY-ST-ZIP Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: John A. Engel			1-6-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		