

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90026 038 \*\*\*150.00

DOCUMENT # P01000011531

1. Entity Name  
 SUMMER WIND ENTERPRISES, INC.



Principal Place of Business  
~~210 HWY 98 EAST~~ **210A Hwy 98 E**  
 DESTIN, FL **32541**

Mailing Address  
 P O BOX 632  
 DESTIN, FL 32540



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3695723** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WINDES, MARY ANNE  
 210A HIGHWAY 98 EAST  
 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 \_\_\_\_\_  
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**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WINDES, CHARLES K JR
STREET ADDRESS	210A HIGHWAY 98 EAST
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	<b>OTS</b>
NAME	WINDES, MARY ANNE
STREET ADDRESS	210A HIGHWAY 98 EAST
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	WINDES, DAVID E
STREET ADDRESS	531 STAHLMAN AVE.
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	HANSHAW, MARK
STREET ADDRESS	321 SNAPPER
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	<b>D, V</b>
NAME	<b>Steve Haester</b>
STREET ADDRESS	<b>339 Stahlman Ave</b>
CITY-ST-ZIP	<b>Destin FL 32541</b>
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 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-21-04** Daytime Phone # \_\_\_\_\_