

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-26-2004 90026 038 ***150.00

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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

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	OTS
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	D, v
NAME	Steve Haecker
STREET ADDRESS	339 Stahlman Ave
CITY-ST-ZIP	Destin FL 32541
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

Daytime Phone #