

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90287 029 \*\*\*150.00

<b>DOCUMENT # P01000011531</b> 1. Entity Name SUMMER WIND ENTERPRISES, INC.			
Principal Place of Business 210A HWY 98 E DESTIN, FL 32541		Mailing Address P O BOX 632 DESTIN, FL 32540	
2. Principal Place of Business 210A Harbor Blvd		3. Mailing Address Suite, Apt. #, etc.	
City & State Destin FL		City & State Destin FL	
Zip 32541		Country USA	
4. FEI Number 59-3695723		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  WINDES, MARY ANNE 210A HIGHWAY 98 EAST DESTIN, FL 32541		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 210 Harbor Blvd City Destin FL Zip Code 32541	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINDES, CHARLES K JR 210A HIGHWAY 98 EAST DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS 210A Harbor Blvd Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINDES, MARY ANNE 210A HIGHWAY 98 EAST DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT 210A Harbor Blvd Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINDES, DAVIDE 531 STAHLMAN AVE DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 321 SNAPPER DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAEUSLER, STEVE 339 STAHLMAN AVE DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

**50023472**



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