

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000036278

1. Entity Name
WINDSOR RUSSELL ENTERPRISES, INC.



Principal Place of Business

13758 SW 31 STREET
MIRAMAR, FL 33027

Mailing Address

13758 SW 31 STREET
MIRAMAR, FL 33027

FILED

04 AUG 27 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072004 No Chg-P CR2E034 (10/03)

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4. FEI Number
41-2035838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, ANDREW W
13758 SW 31 STREET
MIRAMAR, FL 33027

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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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALL, ANDREW W
STREET ADDRESS	13758 SW 31 STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	RUSSELL, SHIRLEY C
STREET ADDRESS	3170 WOOD SPRINGS TR
CITY-ST-ZIP	TRACE, GA 30047
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600040776516
09/02/04--01032--021 **150.00

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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 #

7/30/04 954436 6047