2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2008 08:00 A **DOCUMENT # P02000135071 Secretary of State** BREEHNE - WINDSOR PLACE CORPORATION Principal Place of Business Mailing Address 883 VANDERBILT BEACH RD 883 VANDERBILT BEACH RD NAPLES, FL 34108 NAPLES, FL 34108 02282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1867306 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEWART, JAMES C JR DO NOT WRITE STE 700, 9180 GALLERIA CT NAPLES, FL 34108 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 (NOTE: Registered Agent signsture required when reinstating) U00000844897 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be 03/13/08-80013-023 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS TITLE NAME BREEHNE, PAUL M SR STREET ADDRESS 883 VANDERBILT BEACH RD CITY-ST-ZIP NAPLES, FL 34108 ITLE BREEHNE, PAUL M JR NAME STREET ADDRESS 3071 50TH LANE SW CITY-ST-ZIP NAPLES, FL 34116 TITLE DALTON, PATRICE STREET ADDRESS 621 3RD ST, SW DO NOT WRITE CITY-ST-ZIP NAPLES, FL 34117 TITLE IN THIS SPACE STREET ADDRESS CITY-S1-7/P NAME .. STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2,29-08 239-597-1330

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