2004 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED

DOCUMENT # P03000004678 -08-16-2004 90012 008 ***150.00 1. Entity Name THE WINDSOR GROUP INTERNATIONAL, INC. Principal Place of Business Mailing Address 44051842 DATNEY T. DISHOP III THE WINDSOR GROUP BATNEY T. DISHOP III THE WINDSOR-GROUP 501 E TENNESSEE ST STE A 501 E TENNESSEE ST STE A TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08092004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVINE, MARK S Street Address (P.O. Box Number is Not Acceptable) 245 E VIRGINIA ST TALLAHASSEE, FLI 32301 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. hairman of the Board TITLE Change TITLE ☐ Delete Barney T. Bishop III NAME NAME Tennessee St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tallahassee Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change, ___ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change [] Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Bishop III Chairman 8-11-0 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR