

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90025 039 ***150.00

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02182004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000063637					
1. Entity Name WINDMILL RESERVE REALTY CORP.					
Principal Place of Business 1250 E HALLANDALE BEACH BLVD, STE 300 HALLANDALE, FL 33009			Mailing Address 1250 E HALLANDALE BEACH BLVD, STE 300 HALLANDALE, FL 33009		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 56-2369911				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 LEGAL INFORMATION SERVICES, INC. 1290 WESTON RD, STE 300 FT LAUDERDALE, FL 33326			7. Name and Address of New Registered Agent Name Nestor, Brenda Street Address (P.O. Box Number is Not Acceptable) 1250 E HALLANDALE BEACH BLVD Suite 300 City HALLANDALE BEACH FL Zip Code 33009		
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 		Brenda Nestor		4/16/04 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESTOR, BRENDA 1250 E HALLANDALE BEACH BLVD, STE 300 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, President, CEO, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLVIN, MELVIN R 1250 E HALLANDALE BEACH BLVD, STE 300 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGANN, EDWARD T 1250 E HALLANDALE BEACH BLVD, STE 300 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		Brenda Nestor		4/16/04 Date	
				954-458-4343 Daytime Phone #	