2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90093 040 ***150.00

54060311

07062004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000064584

1. Entity Name
WYNDON FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
734 PINELLAS BAY WAY TIERRA VERDE, FL 33715 US	734 PINELLAS BAY WAY TIERRA VERDE, FL 33715 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 02-0694696 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLSTER, MADELEINE B
734 PINELLAS BAY WAY
TIERRA VERDE, FL 33715

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OLSTER, MADELEINE B 734 PINELLAS BAY WAY TIERRA VERDE, FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Madeleine B. Olster MADELEINE B. OLSTER 7/6/04 727-463-9289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

IMPORTANT NOTICE

This will serve as your 60 days notice that the business entity listed on this postcard will be administratively dissolved/revoked and an additional reinstatement fee will be due if the annual report is not properly filed and the appropriate fee paid by September 8, 2004.

Visit our website at www.sunbiz.org for fee information.

OPTION 1 - ***File Online*** *(recommended)*

- Visit **www.sunbiz.org**. It's faster and easier!
- Available 24 hours a day, 7 days a week
- Mastercard, Visa or American Express accepted

Free public access to the Internet is available at your local public library.

OPTION 2 - ***Submit form and check by mail***

- Immediately download preprinted form from **www.sunbiz.org**.
- No credit card information required

  OR
- Return attached postcard to receive form by mail
- Allow 10-14 business days for delivery

WOULD NOT ALLOW ME TO FILE ON-LINE!

PLACE PROPER POSTAGE HERE BEFORE MAILING

Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

WOULD NOT TAKE EIN #

Attachment

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