


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/15

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

06-15-2004 90002 044 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P03000087604</b>                         |  |
| 1. Entity Name<br><b>WESTWIND TRANSPORTATION, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2321 S.E. 12TH STREET<br/>GAINESVILLE, FL 32641</b> | Mailing Address<br><b>2321 S.E. 12TH STREET<br/>GAINESVILLE, FL 32641</b> |
|---|---|

**66430876**



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

06072004 Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br><b>20-0168636</b>   | Applied For<br><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<br><b>NETTIE DAVIS, INC.<br/>846 S.W. MAIN BLVD<br/>LAKE CITY, FL 32025</b> |  |
|---|--|

|  |                             |
|--|-----------------------------|
| 7. Name and Address of New Registered Agent                                  |                             |
| Name<br><b>Edward Richardson</b>   |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>2321 SE 12th St</b> |                             |
| City<br><b>Gainesville</b>   | FL Zip Code<br><b>32641</b> |

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 Edward Richardson DATE 7/10/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>RICHARDSON, EDWARD J<br/>2321 SE 12TH ST<br/>GAINESVILLE, FL 32641</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SEC<br/>RICHARDSON, VESTA L<br/>2321 SE 12TH ST<br/>GAINESVILLE, FL 32641</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: Vesta L. Richardson **VESTA L RICHARDSON** 6-1404 (352) 392-2417 (352)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Line Phone #

June 9, 2004

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~~#P03000087604~~

I DID NOT RECEIVE ANY NOTIFICATION OF THIS BEING DUE UNTIL  
MY BOOKKEEPER TOLD ME WHEN OUR TAX RETURN WAS DONE  
THIS MONTH.

911 CHANGED ALL THE ADDRESSES. PLEASE ABATE ANY PENALTIES.

THANK YOU