


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000087604</b> 1. Entity Name WESTWIND TRANSPORTATION, INC.	
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Principal Place of Business 2321 S.E. 12TH STREET GAINESVILLE, FL 32641	Mailing Address 2321 S.E. 12TH STREET GAINESVILLE, FL 32641
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**DO NOT WRITE IN THIS SPACE**



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0168636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
RICHARDSON, EDWARD  
2321 SE 12TH ST  
GAINESVILLE, FL 32641

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE 03/09/06-80078-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, EDWARD J 2321 SE 12TH ST GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RICHARDSON, VESTA L 2321 SE 12TH ST GAINESVILLE, FL 32641
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Richardson, Vesta Richardson 2/23/06/352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #