

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000108198

1. Entity Name  
WINDFALL VILLAS, INC.



Principal Place of Business  
4850 NORTH MAPLEVIEW WAY  
BEVERLY HILLS, FL 34465

Mailing Address  
POST OFFICE BOX 640036  
BEVERLY HILLS, FL 34464



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 68-0571968	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**

ENGELKEN, WALTER  
4850 NORTH MAPLEVIEW WAY  
BEVERLY HILLS, FL 34465

**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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CURRIER, RANDY
STREET ADDRESS	75 KENTWOOD PLACE
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434

TITLE	VP
NAME	CURRIER, RODNEY JR.
STREET ADDRESS	7336 COLUMBIA RD.
CITY-ST-ZIP	ST. MATTHEWS, SC 29135

TITLE	VP
NAME	ENGELKEN, WALTER R JR.
STREET ADDRESS	4850 NORTH MAPLEVIEW WAY
CITY-ST-ZIP	BEVERLY HILLS, FL 34465

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/05-80024-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Engelken VP/Secretary 4-14-05 352-697-0770

Date

Daytime Phone #