


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90006 020 ***150.00

DOCUMENT # P03000108691	
1. Entity Name WINDSONG MESSAGE, INC.	

Principal Place of Business 7120 8TH AVENUE NORTH ST. PETERSBURG, FL 33710	Mailing Address 7120 8TH AVENUE NORTH ST. PETERSBURG, FL 33710
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2. Principal Place of Business 26 Hickory Ln	3. Mailing Address 26 Hickory Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Safety Harbor, FL	City & State Safety Harbor, FL
Zip 34695	Zip 34695
Country USA	Country USA



05202005 Chg-P CR2E034 (10/03)

4. FEI Number 43-2029929	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 BERBERICH, MONICA L 7120 8TH AVENUE NORTH ST. PETERSBURG, FL 33710	7. Name and Address of New Registered Agent Name Monica L Berberich Street Address (P.O. Box Number is Not Acceptable) 26 Hickory Lane City Safety Harbor FL Zip Code 34695
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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 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERBERICH, MONICA L 7120 8TH AVENUE NORTH ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Monica L Berberich 26 Hickory Lane Safety Harbor, FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERBERICH, MONICA L 7120 8TH AVENUE NORTH ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Monica L Berberich 26 Hickory Lane Safety Harbor, FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERBERICH, MARCIA 26 HICKORY LN SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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: Monica L Berberich **5-20-05** **727-543-1405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Monica L Berberich