

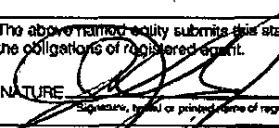
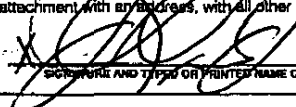
02/10/2004 TUE 20:33 FAX

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90042 009 ***150.00

**2004 FOR-PROFIT CORPORATION
 ANNUAL REPORT**

54009842

DOCUMENT # P03000110995			
1. Entity Name WINDMILL POINT HOLDING CO., INC.			
Principal Place of Business C/O PREFERRED RESOURCE, INC. 4238 WIEUCA OVERLOOK ATLANTA, GA 30342		Mailing Address C/O PREFERRED RESOURCE, INC. 4238 WIEUCA OVERLOOK ATLANTA, GA 30342	
2. Principal Place of Business 56 Windjammer Lane Suite, Apt. #, etc.		3. Mailing Address 56 Windjammer Lane Suite, Apt. #, etc.	
City & State White Stone, VA		City & State White Stone, VA	
Zip 22578	Country USA	Zip 22578	Country USA
4. FEI Number 56-2401956		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROSEN, LAWRENCE N LAWRENCE N. ROSEN PA 21170 NE 22ND COURT NORTH MIAMI BEACH, FL 33180		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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Sec. Dir. J. Richard Speer 56 Windjammer Lane White Stone, VA 22578 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., Treas., Dir. Robert A. Ancien c/o Liberty Land Group, LLC 1235 W. Garmon Rd. Atlanta, GA 30327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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)(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 fees empowered.			
SIGNATURE: 		2/19/04 804-453-5906	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	