02/10/2004 TUE 20:33 FAX

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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	Mailing Address
C/O PREFERRED RESOURCE, INC. 4238 WIEUCA OVERLOOK ATLANTA, GA 30342	C/O PREFERRED RESOURCE, INC. 4238 WIEUCA OVERLOOK ATLANTA, GA 30342

01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
56 Windjammer Lane		56 Windjammer Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: White Stone, VA		City & State: White Stone, VA	
Zip: 22578	Country: USA	Zip: 22578	Country: USA

4. FEI Number: 56-2401958 ☐ 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 ______ 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, 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. Anclien 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
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)(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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/19/04 — Daytime Phone #: 804-453-5906