2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Sep 27, 2004 8:00 am Secretary of State

DÖCUMEN' 1. Entity Name	T # P0300013666	51				tary of 04 90006 040 *	
FAIRWAY WIND	OWS, INC.						
Principal Place of Busin	ess į	Mailing Address					
6225 W ANTHONY F OCALA FL 34474	<u> </u>	OCALA FL 34474	? <u> </u>	<u> </u>			سيند و سفتترجم
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2. Principal Place of Bu		3. Mailing Address	,, cL				
732 S.E. Sulte, Apt. #, etc.	92 5.~	73256 44 Suite, Apt. #, etc.	7 2		MOORE (CR2E034 (4/04)	NEIGE WIEE
City & State		City & Ctota	 :	4 SELANOR		· · · · · · · · · · · · · · · · · · ·	pplied For
COME A, F	<u> </u>	City & State		4. FEI Numbe	414371		ot Applicable
Zip 34471	Country	Zip 3447/	Country	5. Certilicate	of Status Desired	□ \$8.75 Ac	
.htc	me and Address of Current	Registered Agent		7. Name and	Address of New Reg	istered Agent	
PORTER-C	ARL-E		Name :	The state of the s			Over 1
5225 W AI OCALA FL	NTHONY RD	4 T 1 LL 1000 Sup 1	Street Addr	ress (P.O. Box Numbe	er.is Not Acceptable)		<u>- · · · · · · · · · · · · · · · · · · ·</u>
OCALATE	3414 :						
			City		-	FL Zip Co	de
	utity submits this statement fo	r the purpose of changing it	s registered office or re	gistered agent, or bot	h, in the State of Florid	da. I am familiar with	and accept
8. The above named e	gistered agent.						i
the obligations of re	gistered agent.	,					
the obligations of re-	gistered agent.		PTE: Registered Agent signature re	required when remstating)		DATE	
the obligations of residence of the SIGNATURE Signature.	pistered agent. pad or printed name of registered agon. MIJUSEE IS \$550.00 (20)	and life if applicable. (NO), F.S., allows for the wai	tiver of the \$400.00	9. Election Campaig	n Financing \$5	.00 May Be
SIGNATURE Signature. In Supremental Suprem	postered agent. Ped o proted name of registered agent MILL FEE: IS: \$550.00 September 8, 2004 B to Florida Department of	sand title if applicable (NO S.607.193(2)(b) Liste fee. By Che did not receive		niver of the \$400.00 poration certifies it e is \$150.00.	Trust Fund Contri	n Financing . \$5 bution.	led to Fees
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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:

SAGILATURE VICE ON PRINTED HAME OF STANDING OFFICER ON DIRECTOR

9-8-04 Day

352-427-2865