

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90189 029 ***150.00



DOCUMENT # P04000015565

1. Entity Name
SOUTHWIND CONSTRUCTION COMPANY OF NORTHWEST FLORIDA

Principal Place of Business Mailing Address
821 N. 61ST AVE. **821 N. 61ST AVE.**
PENSACOLA, FL 32506 **PENSACOLA, FL 32506**

2. Principal Place of Business 3. Mailing Address
4675 Durham DR Suite, Apt. #, etc.

City & State City & State
Pensacola FL

Zip Country Zip Country
32526 **Escambia**

03292005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0692894 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
WILDER, BILLY SHANE
4675 DURHAM DRIVE
PENSACOLA, FL 32526

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: *Billy Wilder* *Billy Wilder* **4-26-05**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, BILLY SHANE	NAME	
STREET ADDRESS	4675 DURHAM DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ANDREW	NAME	
STREET ADDRESS	#3 EAST CARVER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DAVID	NAME	
STREET ADDRESS	25 PAUL STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32505	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Billy Wilder* **Billy Wilder** **4-26-05** **(850) 554-5539**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #