


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000018698 1. Entity Name GLADEWINDS FARM, INC.	
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Principal Place of Business 2126 HENLEY PL WELLINGTON, FL 33414	Mailing Address 2126 HENLEY PL WELLINGTON, FL 33414
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0641217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGLE GOLDSTEIN, MARGIE
2126 HENLEY PLACE
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ENGLE, MARGIE G
STREET ADDRESS	2126 HENLEY PL
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	ENGLE, STEVEN D
STREET ADDRESS	2126 HENLEY PL
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	PASTROFF, NANCY G
STREET ADDRESS	2126 HENLEY PL
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	GOLDSTEIN, IRVIN M
STREET ADDRESS	2126 HENLEY PL
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/06-80048-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Margie Goldstein Engle, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06
Date

561-795-6203
Daytime Phone #