2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000018698

1. Entity Name
GLADEWINDS FARM, INC.

Principal Place of Business	Mailing Address
2126 HENLEY PL WELLINGTON, FL 33414	2126 HENLEY PL WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

03202007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0641217

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ENGLE GOLDSTEIN, MARGIE
2126 HENLEY PLACE
WELLINGTON, FL 33414

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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 President 3/20/07
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, 2007 Fee will be $550.00

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

000000698035
04/18/07-80065-001 150.00

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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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 3/20/07 561-795-6203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #