

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90019 001 \*\*\*150.00

<b>DOCUMENT # P04000104307</b> 1. Entity Name <b>WINDS ALOFT, INC.</b>																																																																																																																	
Principal Place of Business <b>704 S MISSOURI AVE LAKELAND, FL 33815</b>			Mailing Address <b>704 S MISSOURI AVE LAKELAND, FL 33815</b>																																																																																																														
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country																																																																																																														
<div style="display: flex; justify-content: space-between;"> <span>01292007    Chg-P    CR2E034 (12/06)</span> </div>																																																																																																																	
4. FEI Number <b>55-0879788</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																																	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <b>Ron Garl</b> Street Address (P.O. Box Number is Not Acceptable) <b>704 S. Missouri Av.</b> City <b>Lakeland, FL</b> Zip <b>33815</b>																																																																																																														
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 <u>Ron Garl - Pres.</u> DATE <u>1-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																															
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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: <u>Ron Garl - Ron Garl - Pres.</u> Date <u>1-30-07</u> Daytime Phone # <u>863-688-8383</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																	