

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000104307

Entity Name: WINDS ALOFT, INC.

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

704 S MISSOURI AVE  
LAKE LAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

704 S MISSOURI AVE  
LAKE LAND, FL 33815

**New Mailing Address:**

FEI Number: 55-0879788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARL, RON  
704 S MISSOURI AVE  
LAKE LAND, FL 33815 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GARL, RON  
Address: 704 S MISSOURI AVE  
City-St-Zip: LAKE LAND, FL 33815

Title: VD  
Name: MCVAY, MYRON  
Address: 350 BAY ST.  
City-St-Zip: AUBURNDALE, FL 33823

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RON GARL

PD

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date