2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90049 026 ***150.00

DOCUMENT # P04000131937

1. Entity Name
FARWINDS CONCESSION, INC.

Principal Place of Business
219 CRESCENT LANE
CRESCENT CITY, FL 32112

Mailing Address
219 CRESCENT LANE
CRESCENT CITY, FL 32112

90049001

03012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 223 CRESCENT LANE
Suite, Apt. #, etc.
City & State: CRESCENT CITY FL
Zip: 32112 Country: USA

3. Mailing Address: PO BOX 432
Suite, Apt. #, etc.
City & State: CRESCENT CITY FL
Zip: 32112 Country: USA

4. FEI Number: 06-1732776 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name: JAMES HAENFLER
Street Address (P.O. Box Number is Not Acceptable): 20 N Summit St.
City: CRESCENT City FL Zip Code: 32112

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] JAMES HAENFLER 3-3-5
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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD FABIANO, PAUL 219 CRESCENT LANE CRESCENT CITY, FL 32112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	223 CRESCENT LANE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FABIAN, ANTHONY J 219 CRESCENT LANE CRESCENT CITY, FL 32112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] President 3/31/05 386-717-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #