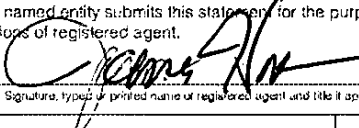
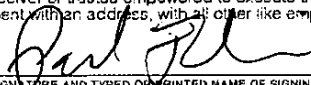


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business 223 CRESCENT LANE Suite, Apt. #, etc.		3. Mailing Address PO BOX 432 Suite, Apt. #, etc.			
City & State CRESCENT CITY FL Zip 32112 Country USA		City & State CRESCENT CITY FL Zip 32112 Country USA		4. FEI Number 06-1732776	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
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:  JAMES HAENFLER DATE 3-31-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD ☐ Delete FABIANO, PAUL 219 CRESCENT LANE CRESCENT CITY, FL 32112		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 223 CRESCENT LANE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ☒ Delete FABIAN, ANTHONY J 219 CRESCENT LANE CRESCENT CITY, FL 32112		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  Paul Fabiano DATE 3/31/05 386-717-1110 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					