

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146271

FILED
Mar 01, 2005
Secretary of State

Entity Name: SEAWIND OF NW FLORIDA INC

Current Principal Place of Business:

913 GULF BREEZE PKWY
STE # 5
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

913 GULF BREEZE PKWY
STE # 5
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 20-1892289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKEY, RAYMOND G
913 GULF BREEZE PKWY
STE # 5
GULF BREEZE, FL 32561 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: D () Delete
Name: DEDOLPH, CARLA
Address: 913 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: WIEGNER, ROGER W
Address: 2889 WHISPER DR
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: WIEGNER, SHARON S
Address: 2889 WHISPER DR
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CARLA DEDOLPH

D

03/01/2005

Electronic Signature of Signing Officer or Director

_____ Date