


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

07-03-2006 90001 028 \*\*\*150.00

<b>DOCUMENT # P05000040892</b>	
1. Entity Name <b>WINDSER PARTNERS, INC.</b>	

Principal Place of Business <b>402 HERITAGE WAY FORT WALTON BEACH, FL 32547</b>	Mailing Address <b>402 HERITAGE WAY FORT WALTON BEACH, FL 32547</b>
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2. Principal Place of Business <b>7830 Fenwick St.</b>	3. Mailing Address <b>8668 NAVARRE Pkwy.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b># 347</b>

City & State <b>NAVARRE FL</b>	City & State <b>NAVARRE FL</b>
Zip <b>32566</b>	Zip <b>32566</b>
Country <b>US</b>	Country <b>US</b>



06262006 Chg-P CR2E034 (11/05)

4. FEI Number <b>22-3933849</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BLIXT, JUSTIN M 402 HERITAGE WAY FORT WALTON BEACH, FL 32547</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>7830 Fenwick St.</b>	
City <b>NAVARRE</b>	Zip Code <b>FL 32566</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLIXT, JUSTIN M 402 HERITAGE WAY FORT WALTON BEACH, FL 32547</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P 7830 Fenwick St. NAVARRE, FL 32566</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Justin M. Blixt 6-7-06 (850) 685-0893