## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000061401

Entity Name: WINDSTORM INSURANCE INSPECTIONS, INC.

FILED May 01, 2011 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

2016 ALTA MEADOWS LANE, SUITE 708 2016 ALTA MEADOWS LANE.

DELRAY BEACH, FL 33444 SUITE 708

DELRAY BEACH, FL 33444

FILING CANCELLED RETURNED CHECK

**Current Mailing Address: New Mailing Address:** 

2016 ALTA MEADOWS LANE, SUITE 708 2016 ALTA MEADOWS LANE. DELRAY BEACH, FL 33444 SUITE 708

DELRAY BEACH, FL 33444

FEI Number: 27-3112155 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RITA, EUGENE N RITA, EUGENE N 2016 ALTA MEADOWS LANE, SUITE 708 2016 ALTA MEADOWS LANE, DELRAY BEACH, FL 33444

SUITE 708 DELRAY BEACH, FL 33444 US

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: EUGENE N RITA 05/01/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

RITA, EUGENE N Name:

2016 ALTA MEADOWS LANE, SUITE 708 Address:

City-St-Zip: DELRAY BEACH, FL 33444 US

Title: VΡ

Name: RITA. JOHN R

2016 ALTA MEADOWS LANE, SUITE 708 Address:

DELRAY BEACH, FL 33444 City-St-Zip:

Title: **VPST** 

RITA, GAYLE S Name:

2016 ALTA MEADOWS LANE, SUITE 708 Address:

City-St-Zip: DELRAY BEACH, FL 33444

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.

Ρ SIGNATURE: EUGENE N RITA 05/01/2011