2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24388

REYNOLDS, SUE A

HOUSTON, TX 77002

919 MILAM STREET #930

Name:

Address:

City-St-Zip:

Entity Name: WINDSOME FARMS LIMITED INC.

FILED Mar 12, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
919 MILAN 930	/ STREET				
	N, TX 77002	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
919 MILAN	/I STREET		919 MILAM STREET		
800 HOUSTON	N, TX 77002	US	930 HOUSTON, TX 77002	US	
FEI Number	: 98-0087092	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1200 SOU PLANTAT The above	ORATION SYS TH PINE ISLA ION, FL 33324 named entity se of Florida.	ND RD I US	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI					
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () KOENIG, ROBI 919 MILAM STI HOUSTON, TX	REET #930	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () MARPE, WILLI 919 MILAM STI HOUSTON, TX	REET #930	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VPTD () BERKO, GEOR 919 MILAM STI HOUSTON, TX	REET #930	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	s ()) Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE W. BERKO VPTD 03/12/2009