

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P930Q0034951

1. Entry Name
WINDMILL TECHNOLOGY, INC.



Principal Place of Business
20076 SW 190 STREET
MIAMI, FL 33187 US

Mailing Address
20076 SW 190 STREET
MIAMI, FL 33187 US

DO NOT WRITE IN THIS SPACE



05102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0415067

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN DALEN, JAN K
20076 S.W. 190 ST.
MIAMI, FL 33187

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000160089

05/13/04-80007-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VAN DALEN, JAN K 20076 SW 190 STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD VAN DALEN, SONIA E 20076 SW 190 STREET MIAMI, FL 33187
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN K. VAN DALEN

5/10/2004

Date

786-293-8437

Daytime Phone #