


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90115 029 \*\*\*150.00

**DOCUMENT # P93000057366**


1. Entity Name  
**WINDIGO INVESTMENTS, INC.**



Principal Place of Business      Mailing Address  
**505 S. FLAGLER DR.**      **505 S. FLAGLER DR.**  
**STE 300**      **STE 300**  
**WEST PALM BEACH FL 33401**      **WEST PALM BEACH FL 33401**

2. Principal Place of Business      3. Mailing Address  
**ONE N. CLEMATIS STREET**      **P.O. BOX 4297**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**WEST PALM BEACH, FL**      **WEST PALM BEACH, FL**  
 Zip      Country      Zip      Country  
**33401**      **USA**      **33402**      **USA**



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For  
**65-0436353**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHOPIN, L. FRANK**  
**505 S. FLAGLER DR.**  
**STE 300**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**ONE N. CLEMATIS STREET**  
 City      State      Zip Code  
**WEST PALM BEACH, FL 33401**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHOPIN, L. FRANK 505 S. FLAGLER DR.- STE 300 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ONE N. CLEMATIS STREET</b> <b>WEST PALM BEACH, FL 33401</b>
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 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:       Date: **4/28/05**      Daytime Phone #: **561-635-9500**