


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90109 028 ***150.00

DOCUMENT # P93000057478					
1. Entity Name WINDMILL RESERVE CORP.					
Principal Place of Business 1250 E HALLANDALE BCH BLVD STE 300 HALLANDALE, FL 33009			Mailing Address 1250 E HALLANDALE BCH BLVD STE 300 HALLANDALE, FL 33009 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0582744	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NESTOR, BRENDA 1250 E HALLANDALE BCH BLVD STE 300 HALLANDALE, FL 33009			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VATS <input type="checkbox"/> Delete COLVIN, MELVIN R 1250 E HALLANDALE BCH BLVD STE 300 HALLANDALE, FL 33009				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPTS <input type="checkbox"/> Delete NESTOR, BRENDA 1250 E HALLANDALE BCH BLVD STE 300 HALLANDALE, FL 33009				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST <input type="checkbox"/> Delete MCGANN, EDWARD T 1250 E HALLANDALE BCH BLVD STE 300 HALLANDALE, FL 33009				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST <input type="checkbox"/> Delete LAUNER, BLANCHE S 1250 E HALLANDALE BCH BLVD STE 300 HALLANDALE, FL 33009				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Chairman / EVP / AT / AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chairman / Pres / CEO / AT / AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CF / AT <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP / S / T <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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"/> 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: <i>Blanche Lauener</i> 3/22/05 954-455-5953					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
<i>Blanche Lauener</i>					