
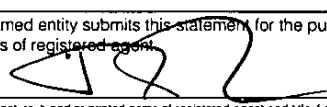
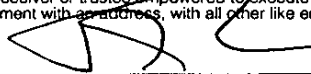


**WIN 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90115 011 ***150.00

DOCUMENT # P95000002530 1. Entity Name WINDSOR DEVELOPMENT COMPANY, INC.			
Principal Place of Business 3115 DIXIE HWY NE PALM BAY, FL 32905 US		Mailing Address 3115 DIXIE HWY NE PALM BAY, FL 32905 US	
2. Principal Place of Business <u>3160 DIXIE HWY N.E.</u> Suite, Apt. #, etc.		3. Mailing Address <u>3160 DIXIE HWY N.E.</u> Suite, Apt. #, etc.	
City & State <u>PALM BAY, FL</u> Zip <u>32905</u> Country <u>US</u>		City & State <u>PALM BAY, FL</u> Zip <u>32905</u> Country <u>US</u>	
4. FEI Number 59-3292453		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENCE, ROY 3115 DIXIE HWY NE PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>3160 DIXIE HWY N.E.</u> City <u>PALM BAY</u> <u>FL</u> Zip Code <u>32905</u>	
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) <u>4/6/06</u> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DV EVANS, ARTHUR F III 1688 W HIBISCUS BLVD MELBOURNE, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EVANS, HUGH M JR 1688 W HIBISCUS BLVD MELBOURNE, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENCE, ROY 3115 DIXIE HWY NE PALM BAY, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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		Date <u>4/6/06</u> Daytime Phone # <u>(321) 723-6197</u>	

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