

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90344 042 \*\*\*150.00

<b>DOCUMENT # P95000062766</b> 1. Entity Name <b>WINDY CITY ENTERPRISES, INC.</b>					
Principal Place of Business <b>1584 INDEPENDENCE BLVD SARASOTA, FL 34234 US</b>			Mailing Address <b>1584 INDEPENDENCE BLVD SARASOTA, FL 34234 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0607614</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CAROLLO, THOMAS 23320 RED ROBIN PL BRADENTON, FL 34202</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROLLO, SHARON L</b>			NAME	
STREET ADDRESS	<b>6424 FOXGRAPE LANE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROLLO, JOSEPH W</b>			NAME	
STREET ADDRESS	<b>6424 FOXGRAPE LANE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROLLO, RICK J</b>			NAME	
STREET ADDRESS	<b>3722 61ST DR E</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROLLO, STACEY L</b>			NAME	
STREET ADDRESS	<b>23320 RED ROBIN PL</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>			CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROLLO, THOMAS J</b>			NAME	
STREET ADDRESS	<b>23320 RED ROBIN PL</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> <i>Sharon Carollo</i> <b>SHARON CAROLLO</b>				4-24-08 941-360-8777	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	