

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90032 046 \*\*\*150.00

**DOCUMENT # P95000098045**

1. Entity Name

WINDSOR CONSULTING, INC.



Principal Place of Business

7777 GLADES ROAD, SUITE 210  
BOCA RATON FL 33434

Mailing Address

7777 GLADES ROAD, SUITE 210  
BOCA RATON FL 33434



2. Principal Place of Business

945 Clint Moore Rd  
Suite, Apt. #, etc.

3. Mailing Address

945 Clint Moore Rd  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0647850

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOEL S. NADEL  
7777 GLADES RD  
STE 210  
BOCA RATON FL 33434

Address  
change  
ONLY  
→

Name

Street Address (P.O. Box Number is Not Acceptable)

945 Clint Moore Rd.

City

Boca Raton

FL

Zip Code

33487

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 \$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 PSTD  
NAME NADEL, JOEL S  
STREET ADDRESS 7777 GLADES ROAD, SUITE 210  
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE PSTD  
NAME Nadel, Joel S.  
STREET ADDRESS 945 Clint Moore Rd.  
CITY-ST-ZIP Boca Raton, FL 33487 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Joel S. Nadel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel S. Nadel, President, 4/6/05 (561) 852-2224

Date

Daytime Phone #