

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90297 025 ***150.00

DOCUMENT # P96000004637					
1. Entity Name WINDERMERE TEAMS, INC.					
Principal Place of Business 5427 MONTERREY CLUB CT. WINDERMERE, FL 34786			Mailing Address 5427 MONTERREY CLUB CT. WINDERMERE, FL 34786		
2. Principal Place of Business 815 FAWN WAY Suite, Apt. #, etc.		3. Mailing Address 815 FAWN WAY Suite, Apt. #, etc.			
City & State SAN ANTONIO, TX Zip 78258 Country U.S.A.		City & State SAN ANTONIO, TX Zip 78258 Country U.S.A.		4. FEI Number 59-3353954	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SIMS, WILLIAM R 5427 MONTERREY CLUB CT. WINDERMERE, FL 34786			7. Name and Address of New Registered Agent Name: WILLIAM R. SIMS Street Address (P.O. Box Number is Not Acceptable): 513 MAIN STREET SUITE 100 City: WINDERMERE FL Zip Code 34786		
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: WILLIAM R. SIMS APRIL 6, 2004 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, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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	D SIMS, WILLIAM R 5427 MONTERREY CLUB CT. WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, WILLIAM R. 815 FAWN WAY SAN ANTONIO, TX 78258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMS, SOWAPEE N 5427 MONTERREY CLUB CT WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMS, SOWAPEE N. 815 FAWN WAY SAN ANTONIO, TX 78258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: WILLIAM R. SIMS APRIL 6, 2004 210-497-2563 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					