

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000004637 1. Entity Name WINDERMERE TEAMS, INC.	
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Principal Place of Business 815 FAWN WAY SAN ANTONIO, TX 78258	Mailing Address 815 FAWN WAY SAN ANTONIO, TX 78258
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01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3353954	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SIMS, WILLIAM R 513 MAIN ST. STE. 100 WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE

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.

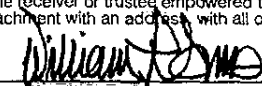
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000291098 04/07/05-80015-005 150.00
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10. OFFICERS AND DIRECTORS	
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, SUWAPEE N 815 FAWN WAY SAN ANTONIO, TX 78258
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **4/3/2005** **210-481-3686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #