2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90337 012 ***150.00

DOCUMENT # P96000067325

1. Entity Name
WINDY GALE ENTERTAINMENT, INC.

24047339

Principal Place of Business	Mailing Address
11644 NW 19TH DRIVE FT LAUDERDALE, FL 33351 US	11644 NW 19TH DRIVE FT LAUDERDALE, FL 33351 US

04142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9400 NW 4th ST.	9400 NW 4th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, Fl	City & State: Coral Springs Fl
Zip: 33071 Country: US	Zip: 33071 Country: US

4. FEI Number: 65-0689631 ☐ Applied For ☐ Not Applicable

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
STULL, CYNTHIA GAIL 11644 NW 19TH DR. CORAL SPRINGS, FL 33071	Name Street Address (P.O. Box Number is Not Acceptable): 9400 NW 4th ST. City: Coral Springs FL Zip Code: 33071

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: Cynthia Steen 4/15/04
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STULL, CYNTHIA GAIL 11644 NW 19TH DR CORAL SPRINGS, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 9400 NW 4th St. Coral Springs, Fl 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STULL, WILLIAM R 11644 NW 19TH DR CORAL SPRINGS, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition William R Stull 9400 NW 4th ST. Coral Springs, Fl. 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STULL, WENDY G 11644 NW 19TH DR CORAL SPRINGS, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 9400 NW 4th ST Coral Springs, Fl. 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STULL, KELLY L 11644 NW 19TH DR CORAL SPRINGS, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3594 N. University Blvd. Coral Springs, Fl. 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STULL, DANIEL 11644 NW 19TH DR. CORAL SPRINGS, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3594 N. University Blvd. Coral Springs. Fl 33065
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: Cynthia Steen 4/15/04 954-753-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #