

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90348 044 ***150.00

DOCUMENT # P96000067325

1. Entity Name

WINDY GALE ENTERTAINMENT, INC.



Principal Place of Business

9400 NW 4TH ST.
CORAL SPRINGS, FL 33071 US

Mailing Address

9400 NW 4TH ST.
CORAL SPRINGS, FL 33071 US

50040607



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

STULL, CYNTHIA GAIL
9400 NW 4TH ST.
CORAL SPRINGS, FL 33071

**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

Cynthia G. Stull

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STULL, CYNTHIA GAIL
STREET ADDRESS 9400 NW 4TH ST.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VP
NAME STULL, WILLIAM R
STREET ADDRESS 9400 NW 4TH ST.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VP
NAME STULL, WENDY G
STREET ADDRESS 9400 NW 4TH ST.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VP
NAME STULL, KELLY L
STREET ADDRESS 3594 N UNIVERSITY BLVD.
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VP
NAME STULL, DANIEL
STREET ADDRESS 3594 N UNIVERSITY BLVD.
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VP
NAME William R. Stull Jr.
STREET ADDRESS 800 Old Bridge Rd Unit 3
CITY-ST-ZIP Jacksonville, FL 32259

**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)(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 G. Stull

SIGNATURE AND TYPED OR PRINTED NAME OF SAGGING OFFICER OR DIRECTOR

4/15/05 954-753-4221

DATE

Daytime Phone #