

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090642

FILED  
Jan 11, 2004  
Secretary of State

Entity Name: FAIRWINDS TECHNICAL SERVICES, INC.

## Current Principal Place of Business:

5 WILLARD DR  
#529  
SAINT AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 9008  
ST AUGUSTINE, FL 32085

## New Mailing Address:

FEI Number: 59-3477465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLTART, GARY R  
155 MARINE ST  
UNIT 304  
SAINT AUGUSTINE, FL 32084

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COLTART, GARY R  
Address: UNIT 304 155 MARINE ST.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: KNEELAND, PHILIP R  
Address: 727 SPRING FOREST COURT  
City-St-Zip: APOKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COLTART, GARY R  
Address: UNIT 201 157 MARINE ST.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY R COLTART

MR.

01/11/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date