

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90043 003 ***150.00

DOCUMENT # P97000090642 1. Entity Name FAIRWINDS-TECHNICAL SERVICES, INC.					
Principal Place of Business 5 WILLARD DR #529 SAINT AUGUSTINE, FL 32086			Mailing Address P.O. BOX 9008 ST AUGUSTINE, FL 32085		
2. Principal Place of Business 256 Riberia St. Suite, Apt. #, etc. 2nd Floor		3. Mailing Address Suite, Apt. #, etc. 			
City & State St. Augustine FL		City & State 			
Zip 32084		Country USA		Zip 	
Country 					
4. FEI Number 59-3477465				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLTART, GARY R 155 MARINE ST UNIT 304 SAINT AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name COLTART, GARY R. Street Address (P.O. Box Number is Not Acceptable) 256 Riberia St. City St. Augustine FL Zip Code 32084		
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 GARY R. COLTART 12/31/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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 <input type="checkbox"/> Delete COLTART, GARY R UNIT 201 157 MARINE ST. SAINT AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COLTART, GARY R 256 Riberia St. St. Augustine FL 32084		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KNEELAND, PHILIP R 727 SPRING FOREST COURT APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sharran, Patrick F. 12359 VC Johnson Rd. Jacksonville FL 32218		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 GARY R. COLTART 12/31/04 904 8252729 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					