

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090642

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: FAIRWINDS TECHNICAL SERVICES, INC.

## Current Principal Place of Business:

256 RIBERIA ST  
2ND FLOOR  
SAINT AUGUSTINE, FL 32084

## 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:

SHARTRAN, PAT  
256 RIBERIA ST  
SAINT AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

SHARTRAN, PAT  
256 RIBERIA ST  
2ND FLOOR  
SAINT AUGUSTINE, FL 32084 US

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: PATRICK F SHARTRAN

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COLTART, GARY R  
Address: 256 RIBERIA ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: D ( ) Delete  
Name: KNEELAND, PHILIP R  
Address: 32540 HAWK'S LAKE LANE  
City-St-Zip: SORRENTO, FL 32776 US

Title: D ( ) Delete  
Name: SHARTRAN, PATRICK F  
Address: 12359 VC JOHNSON RD  
City-St-Zip: JACKSONVILLE, FL 32218 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SHARTRAN, PATRICK F  
Address: 12359 VC JOHNSON RD  
City-St-Zip: JACKSONVILLE, FL 32218 US

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

Title: D (X) Change ( ) Addition  
Name: COLTART, GARY R  
Address: 245 RIBERIA ST., 2ND FLOOR  
City-St-Zip: ST AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICK F SHARTRAN

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date