2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000041394

1. Entity Name
WINDHAM ENTERPRISES OF GULF BREEZE, INC.

Principal Place of Business	Mailing Address
4373 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	P O BOX 1199 GULF BREEZE, FL 32562

94066258

2. Principal Place of Business 5926 Gulf Breeze Parkway	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232004   Chg-P   CR2E034 (10/03)

City & State Gulf Breeze, FL	City & State	4. FEI Number 59-3514199	Applied For Not Applicable

Zip 32563	Country	Zip	Country	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
WINDHAM, DANIEL O 969 VESTAVIA WAY GULF BREEZE, FL 32561	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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 _____

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 11		
TITLE P NAME WINDHAM, DANIEL O STREET ADDRESS 969 VESTAVIA WAY CITY-ST-ZIP GULF BREEZE, FL 32561	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE T NAME WINDHAM, CLAIRE N STREET ADDRESS 969 VESTAVIA WAY CITY-ST-ZIP GULF BREEZE, FL 32567	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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: _____, DANIEL O. WINDHAM, 4/23/04   850-932-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #