2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Apr 26, 2006 08:00		
DOCUMENT # P98000041394 1. Entity Name WINDHAM ENTERPRISES OF GULF BREEZE, INC.					Secre	tary of State
Principal Place 5926 GULF B GULF BREEZE	BREEZE PKWY	failing Address P O BOX 1199 GULF BREEZE, FL 32562				
D	O NOT WRITE I	N THIS SPA	CE	04252006 4. FEI Number 59-351	No Chg-P CR	2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Regi	stered Agent	<u> </u>	<u> </u>		ree Required
WINDHAM, DANIEL O 969 VESTAVIA WAY GULF BREEZE, FL 32561			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the ions of registered agent. Signature typed or printed name of registered agent and title		ed office or register		. <u></u> .	am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			. hand	.00 May Be led to Fees		
10. ITHE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P WINDHAM, DANIEL O 969 VESTAVIA WAY GULF BREEZE, FL 32561 T WINDHAM, CLAIRE H 969 VESTAVIA WAY GULF BREEZE, FL 32567	CTORS		-	U00000535 05/08/06-800	529 56-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GULF BREEZE, FL 32901				NOT WRI	
TITLE			}			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. 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:

SIGNATUR

NAME STREET ADDRESS CITY-ST-ZIP UTILE NAME STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #