

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000078908**

1. Entity Name  
**SECOND WIND ENTERPRISES INC.**



Principal Place of Business  
**355 ROOSEVELT AVENUE  
MASARYKTOWN, FL 34604**

Mailing Address  
**355 ROOSEVELT AVENUE  
MASARYKTOWN, FL 34604**



02182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3535870**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FOWLE, LAURA D  
355 ROOSEVELT AVENUE  
MASARYKTOWN, FL 34609**

**DO NOT WRITE  
IN THIS SPACE**

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**

**U00000076808  
03/05/04-80016-022 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FOWLE, ROBERT J
STREET ADDRESS	355 ROOSEVELT AVENUE
CITY-ST-ZIP	MASARYKTOWN, FL 34609
TITLE	D
NAME	FOWLE, LAURA D
STREET ADDRESS	355 ROOSEVELT AVENUE
CITY-ST-ZIP	MASARYKTOWN, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/04 (352) 796-1602**

Date

Daytime Phone #