

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000031127					
1. Entity Name WIND SPIRIT TRADING, INC.					
Principal Place of Business 400 N EGLIN PKY FORT WALTON BEACH, FL 32547			Mailing Address 6 SHERWOOD DRIVE SHALIMAR, FL 32579		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05172005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-3568561	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LATHAM, JOHNIE J 6 SHERWOOD DRIVE SHALIMAR, FL 32579			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NUMBER FEI IS 5450 ON Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 Added to Fees		Is corporation with 607-102(2)(b) F.S. the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LATHAM, JOHNIE J 6 SHERWOOD DRIVE SHALIMAR, FL 32579	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000367753 05/20/05-80004-001 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LATHAM, ELEANOR R 6 SHERWOOD DRIVE SHALIMAR, FL 32579	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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: <i>Johnie J. Latham</i> <i>5/16/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Daytime Phone #</small>					