2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 12, 2004 08:00 AM Secretary of State

MANUAL REPURI	• –	Sacratary of State
DOCUMENT # P99000032514 t. Entity Name WINDMILL ENTERPRISE, INC.		Secretary of State
Principal Place of Business Mailing Address		
24 DOCKSIDE LANE #466 24 DOCKSIDE LANE #466		
KEY LARGO, FL 33037 US KEY LARGO, FL 33037 US	3	
DO NOT WRITE IN THIS SPA	CE	01282004 No Chg-P CR2E034 (10/03) 4. FEt Number Applied For 65-0917830 Not Applied be Status Desired \$8.75 Additional
6. Name and Address of Current Registered Agent	1	Fee Required
		·
FREY, FREDERICK R		DO NOT WRITE
19 SOUTH BRIDGE LANE		DO NO! WHILE
KEY LARGO, FL 33037		IN THIS SPACE
		IN THIS SPACE
	<u> </u>	
 The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent. 	red office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and site if applicable (NOTE Register	red Agent signature require	d when reinstaing) DATE
FILE NOWILL FEE IS \$150.00 9. Election Campaign Fine After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution		i.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS		**************************************
TITLE D		
NAME FREY, FREDERICK R	1	
STREET ADDRESS 19 SOUTH BRIDGE LANE	1	
CITY-SY-ZIP KEY LARGO, FL 33037	1	U0000085981 03/12/04-80004-023 150.00
}	-1	03/12/04-80004-023 150.00
NTLE	1	
MAME	1	
STREET ADDRESS	1	
CITY-ST-ZIP	_	
TITLE	1	
NAME	i	
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TITLE	7	IN THIS SPACE
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STREET ADDRESS		
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TITLE	I	
NAME	I	
STREET ADDRESS	1	
CITY-ST-ZIP	<u> </u>	
12. I hereby certify that the information supplied with this filling does not qualify for the ex	remption stated in S	section 119.07(3)(i), Florida Statutes, I further certify that the Information
12. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as requested, or on an attachment with an address, with all other like empowered.	lature shall bave the julred by Chapter 60	same legal effect as it made under oath; that I am an officer or director 17. Florida Statutes; and that my name appears in Block 10 or Block 11 if