


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90029 043 ***155.00

DOCUMENT # P99000032514			
1. Entity Name WINDMILL ENTERPRISE, INC.			
Principal Place of Business 24 DOCKSIDE LANE #466 KEY LARGO FL 33037 US		Mailing Address 24 DOCKSIDE LANE #466 KEY LARGO FL 33037 US	
2. Principal Place of Business - No P.O. Box # 21 Harbor Island Dr.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key Largo		City & State	
Zip 33037	Country Monroe	Zip	Country
6. Name and Address of Current Registered Agent FREY, FREDERICK R 19 SOUTH BRIDGE LANE KEY LARGO FL 33037		7. Name and Address of New Registered Agent Name Fredrick R. Frey Street Address (P.O. Box Number is Not Acceptable) 21 Harbor Island Dr. City Key Largo FL Zip Code 33037	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input checked="" type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREY, FREDERICK R 19 SOUTH BRIDGE LANE KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: _____		2-9-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	