

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90034 020 ***150.00

DOCUMENT # P99000037826

1. Entity Name

WHISTLING WINDS CORPORATION



Principal Place of Business

**854 TARTAN DR.
VENICE FL 34293**

Mailing Address

**854 TARTAN DR.
VENICE FL 34293**

2. Principal Place of Business

3730 Cadbury Circle

3. Mailing Address

3730 Cadbury Circle

Suite, Apt. #, etc.

Apt. 301

Suite, Apt. #, etc.

Apt. 301

City & State

Venice, Florida

City & State

Venice, Florida

Zip

34293

Country

Zip

34293

Country

4. FEI Number

65-0926318

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

24032581



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**ROBERTS, GREGORY C
341 W VENICE AVE
VENICE FL 34285**

7. Name and Address of New Registered Agent

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANN, JOHN A	
STREET ADDRESS	854 TARTAN DR.	
CITY-ST-ZIP	VENICE FL 34293	

TITLE	VD	<input type="checkbox"/> Delete
NAME	LANN, MARJORIE E	
STREET ADDRESS	854 TARTAN DR.	
CITY-ST-ZIP	VENICE FL 34293	

TITLE	STD	<input type="checkbox"/> Delete
NAME	INGRAM, CHERYL	
STREET ADDRESS	PO BOX 346	
CITY-ST-ZIP	INTERVALE NH 03845	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3730 Cadbury Circle, Apt. 301	
CITY-ST-ZIP	Venice, Florida 34293	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3730 Cadbury Circle, Apt. 301	
CITY-ST-ZIP	Venice, Florida 34293	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 26, 2004

Date

Daytime Phone #