

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079691

Entity Name: WINDFALL, INC.**Current Principal Place of Business:**1411 SE 47TH STREET
SUITE 1
CAPE CORAL, FL 33904**Current Mailing Address:**1411 SE 47TH STREET
SUITE 1
CAPE CORAL, FL 33904 US**FEI Number:** 90-0334842**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARKS, DONNA
1411 SE 47TH STREET
SUITE 1
CAPE CORAL, FL 33904 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D
Name	MARKS, DONNA
Address	1411 SE 47TH STREET SUITE 1
City-State-Zip:	CAPE CORAL FL 33904

Title	T
Name	MARKS, DONNA
Address	1411 SE 47TH STREET SUITE 1
City-State-Zip:	CAPE CORAL FL 33904

Title	VP/D
Name	MARKS, ASHLEY
Address	1411 SE 47TH STREET SUITE 1
City-State-Zip:	CAPE CORAL FL 33904

Title	S/D
Name	SALVO, MARKS
Address	1411 SE 47TH STREET SUITE 1
City-State-Zip:	CAPE CORAL FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA MARKS**P****03/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date