

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000090642

**Entity Name:** FAIRWINDS TECHNICAL SERVICES, INC.

**Current Principal Place of Business:**

929 MIRROR LAKE DR  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

929 MIRROR LAKE DR  
SAINT AUGUSTINE, FL 32086

**FEI Number:** 59-3477465

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLTART, GARY R  
929 MIRROR LAKE DR  
SAINT AUGUSTINE, FL 32086 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 PST  
Name COLTART, GARY  
Address 929 MIRROR LAKE DR  
City-State-Zip: ST AUGUSTINE FL 32086

Title V  
Name KNEELAND, PHILIP R  
Address 32540 HAWK'S LAKE LANE  
City-State-Zip: SORRENTO FL 32776

*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:** GARY COLTART

PST

03/16/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date