

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F14839

1. Entity Name
SOUTHWIND MANAGEMENT SERVICES, INC.



Principal Place of Business
**1006 GROVE STREET
P O BOX 10293
CLEARWATER, FL 33757**

Mailing Address
**1006 GROVE STREET
P O BOX 10293
CLEARWATER, FL 33757 US**



07272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2051576

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BORTON, PAMELA K
499 HARBOR DRIVE
BELLEAIR BEACH, FL 33786**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BORTON, PAMELA K 499 HARBOR DRIVE BELLEAIR BEACH, FL 33786 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS BORTON, PAMELA K 499 HARBOR DRIVE BELLEAIR BEACH, FL 33786 |
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08/01/07-80003-010 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Danielle K. Borton, Pamela K. Borton, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/2007 727-443-3251

Date

Daytime Phone #