

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V28950

**Entity Name:** WEST WIND PROVISIONS, INC.

**Current Principal Place of Business:**

1005 HARBOR LAKE DR  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

1005 HARBOR LAKE DR  
SAFETY HARBOR, FL 34695 US

**FEI Number:** 59-3124490

**Certificate of Status Desired:** No

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

HENNINGSEN, BRADLEY  
1005 HARBOR LAKE DR  
SAFETY HARBOR, FL 34695 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 D  
Name HENNINGSEN, BRADLEY J  
Address 719 SAMANTHA DR.  
City-State-Zip: PALM HARBOR FL 34683

Title D  
Name HENNINGSEN, JOANN  
Address 1728 POWDER RIDGE DR.  
City-State-Zip: PALM HARBOR FL 34683

Title PRES.  
Name HENNINGSEN, TARA-LYN  
Address 1005 HARBOR LAKE DR  
City-State-Zip: SAFETY HARBOR FL 34695

*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:** TARA-LYN HENNINGSEN

**PRESIDENT**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date