


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 256997 1. Entity Name TRADEWINDS PRODUCTS INC	
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Principal Place of Business 1735 SR 419 LONGWOOD, FL 32750 US	Mailing Address HWY. 17-92 & SR-419 P O BOX 8001 SANFORD, FL 32772-8001 US
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02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2001646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, THOMAS W HWY 19-92 & SR-419 SANFORD, FL 32773	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	MOORE, LEE P
STREET ADDRESS	1735 SR 419
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	SD
NAME	CAHILL, JOHN F
STREET ADDRESS	1735 SR 419
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	PD
NAME	MOORE, THOMAS W.
STREET ADDRESS	1735 SR 419
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	TD
NAME	FRANK, RICHARD T
STREET ADDRESS	1735 SR 419
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/07-80046-010 150.00

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: JOHN F CAHILL 2-23-07 407-322-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #