

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 256997

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: TRADEWINDS PRODUCTS INC

## Current Principal Place of Business:

1735 SR 419  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

HWY. 17-92 & SR-419  
P O BOX 8001  
SANFORD, FL 327728001 US

## New Mailing Address:

FEI Number: 59-2001646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, THOMAS W  
HWY 19-92 & SR-419  
SANFORD, FL 32773 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD (X) Delete  
Name: MOORE, LEE P,  
Address: 1735 SR 419  
City-St-Zip: LONGWOOD, FL 32750

Title: SD ( ) Delete  
Name: CAHILL, JOHN F  
Address: 1735 SR 419  
City-St-Zip: LONGWOOD, FL 32750

Title: PD ( ) Delete  
Name: MOORE, THOMAS W.,  
Address: 1735 SR 419  
City-St-Zip: LONGWOOD, FL 32750

Title: TD ( ) Delete  
Name: FRANK, RICHARD T  
Address: 1735 SR 419  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PDC (X) Change ( ) Addition  
Name: MOORE, THOMAS W.,  
Address: 1735 SR 419  
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS W MOORE

CPD

03/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date