

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 256997

FILED  
Apr 11, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: MOORE, LEE P  
Address: 1735 SR 419  
City-St-Zip: LONGWOOD, FL 32750

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: JOHN F CAHILL

SD

04/11/2012

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

\_\_\_\_\_  
Date