


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 302025
 1. Entity Name
TRADEWINDS FISHING RESORT INC



Principal Place of Business 10265 W. FISHBOWL DRIVE HOMOSASSA, FL 34448 US	Mailing Address P.O. BOX 547 HOMOSASSA, FL 34487 US
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DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1117268	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
 ACREE, DONA M.
 10265 W. FISHBOWL DR.
 HOMOSASSA, FL 32646

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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: *Dona M. Acree*
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ACREE, DONA MAE 10265 W. FISHBOWL DR. HOMOSASSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST REILLY, CAROLYN A FRONT STREET WEALAKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ACREE, PAUL D 10265 W. FISHBOWL DR. HOMOSASSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dona M. Acree* 4-12-05 352-628-3795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #