

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 359519

1. Entity Name  
TRADE WINDS RESTAURANT AND LOUNGE INC



Principal Place of Business  
815 PEACOCK PLAZA  
KEY WEST, FL 33040

Mailing Address  
815 PEACOCK PLAZA  
KEY WEST, FL 33040



02012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1352746	Applied For Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

OROPEZA, SCOTT  
815 PEACOCK PLAZA  
KEY WEST, FL 33040

**DO NOT WRITE  
IN THIS SPACE**

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, 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	DP GOLAN, LEONARD 7056 GOLFHOUSE DR HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS GOLAN, STEPHEN L 244 BUTLER DRIVE LAKE FOREST, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000230046  
02/15/05-80026-010 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Stephen L. Golan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/05*  
Date

*312-596-2031*  
Daytime Phone #