


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F14839	
1. Entity Name SOUTHWIND MANAGEMENT SERVICES, INC.	

Principal Place of Business 1006 GROVE STREET P O BOX 10293 CLEARWATER, FL 33757	Mailing Address 1006 GROVE STREET P O BOX 10293 CLEARWATER, FL 33757 US
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04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2051576	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BORTON, PAMELA K 499 HARBOR DRIVE BELLEAIR BEACH, FL 33786
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000920291 05/14/08-80038-009 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BORTON, PAMELA K 499 HARBOR DRIVE BELLEAIR BEACH, FL 33786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BORTON, PAMELA K 499 HARBOR DRIVE BELLEAIR BEACH, FL 33786
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**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: Pamela K. Borton Pamela K. Borton 4/22/2008 727-443-3251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #