


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F85290</b> 1. Entity Name MANDALAY SURF & SPORT, INC.	
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Principal Place of Business 499 MANDALAY AVE. CLEARWATER, FL 34630 US	Mailing Address 499 MANDALAY AVE. CLEARWATER BEACH, FL 34630 US
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**DO NOT WRITE IN THIS SPACE**



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2200592	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

MCKENNA, RICHARD  
499 MANDALAY AVE.  
CLEARWATER BEACH, FL 34630

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCKENNA, RICHARD 499 MANDALAY AVE. CLEARWATER BCH, FL 0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DILELLA, DIANE LYNNE 499 MANDALAY AVE. CLEARWATER BCH, FL 0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCKENNA, LINDA D 499 MANDALAY AVE. CLEARWATER BCH, FL 0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000093201  
03/22/04-80008-011 150.00

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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: Richard M. Ken 3-17-04 727 442 3884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #