

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F85290

1. Entity Name
MANDALAY SURF & SPORT, INC.



Principal Place of Business
**499 MANDALAY AVE.
CLEARWATER, FL 34630 US**

Mailing Address
**499 MANDALAY AVE.
CLEARWATER BEACH, FL 34630 US**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2200592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 reinstalling)

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	PD
NAME	MCKENNA, RICHARD
STREET ADDRESS	499 MANDALAY AVE.
CITY - ST - ZIP	CLEARWATER BCH, FL 0,
TITLE	VD
NAME	DILELLA, DIANE LYNNE
STREET ADDRESS	499 MANDALAY AVE.
CITY - ST - ZIP	CLEARWATER BCH, FL 0,
TITLE	SD
NAME	MCKENNA, LINDA D
STREET ADDRESS	499 MANDALAY AVE.
CITY - ST - ZIP	CLEARWATER BCH, FL 0,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/18/05-80097-025 150.00

**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: *Richard McKenna*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 *(727) 443-3884*
Date Daytime Phone #