


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**


04-19-2007 90196 045 \*\*\*150.00

**DOCUMENT # F85290**  
 1. Entity Name  
 MANDALAY SURF & SPORT, INC.



Principal Place of Business      Mailing Address  
 499 MANDALAY AVE.      499 MANDALAY AVE.  
 CLEARWATER, FL 34630 US      CLEARWATER BEACH, FL 34630 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



01062007      Chg-P      CR2E034 (12/06)  
 4. FEI Number      Applied For  
 59-2200592      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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

I, 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 re-appointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	<input type="checkbox"/> Delete
PD	MCKENNA, RICHARD	499 MANDALAY AVE.	CLEARWATER BCH, FL 0,	<input type="checkbox"/>
VD	DILELLA, DIANE LYNNE	499 MANDALAY AVE.	CLEARWATER BCH, FL 0,	<input type="checkbox"/>
SD	MCKENNA, LINDA D	499 MANDALAY AVE.	CLEARWATER BCH, FL 0,	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 title empowered.

**SIGNATURE:** Richard McKenna      4/16/07      727-443-3884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #