


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 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	



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2200592	Applied For <input type="checkbox"/> 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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: R. B. McKenna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-08

Date

727-442-3884

Daytime Phone #