

2009 **FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**DOCUMENT # F85290**

1. Entity Name

Mandalay Surf & Sport Inc



**FILED**

09 JAN 28 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800142418088  
01/29/09--01046--003 \*\*150.00

CR2E034B (8/05)

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
499 Mandalay Ave

3. Mailing Address  
499 Mandalay Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Clearwater FL

City & State  
Clearwater FL

4. FEI Number  
59-2200592

Applied For  
Not Applicable

Zip Country  
34630 USA

Zip Country  
34630 USA

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Richard McKenna

Street Address (P.O. Box Number is Not Acceptable)

499 Mandalay Ave

City

Clearwater

FL

Zip Code  
34630

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$81.25

Make Check Payable to Florida Department of State

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 Richard McKenna 499 Mandalay Ave Clearwater FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Diane Lynne Dilella 499 Mandalay Ave Clearwater FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Linda D McKenna 499 Mandalay Ave Clearwater FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 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

Richard McKenna

Date

Daytime Phone #

1-24-09

927-443-3884

1128