

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

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
34630

Country
USA

Zip
34630

Country
USA

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

CR2E034B (8/05)

**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	
VD	Diane Lynne Dilella	499 Mandalay Ave Clearwater FL	
SD	Linda D McKenna	499 Mandalay Ave Clearwater FL	

**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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard McKenna

Richard McKenna

1-24-09

927-443-3884

Date

Daytime Phone #