2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90013 025 ****70.00

DOCUMENT # N35256

1. Entity Name

TRADEWINDS & ATLANTIC RAILROAD, INC.

Principal Place of Business	Mailing Address
TRADEWINDS PARK 3600 W SAMPLE RD COCONUT CREEK FL 33073 US	C/O BETTE G. POOLE 3050 HOLIDAY SPRINGS BLVD, # 308 MARGATE FL 33063

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	c/o NORMAN BRAND Suite, Apt. #, etc. 18575 Egret Way
City & State	City & State Boca Raton, FL
Zip / Country	Zip / Country 33496 / Palm Beach

4. FEI Number 65-0171880 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLLAHAN, JONATHON L 701 SANDALWOOD LANE FORT LAUDERDALE FL 33317	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ZAUDER, LARRY 656 BLUEBELL CT WEST PALM BEACH FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLLAHAN, JONATHAN 701 SANDLEWOOD LA PLANTATION FL 33317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOLLAHAN, JONATHAN 701 SANDALWOOD LN PLANTATION FL 33317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~LARRY~~ ZAUDER, LARRY 656 BLUEBELL CT. WEST PALM BEACH FL 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POOLE, BETTE G 3050 HOLIDAY SPRINGS BLVD 18, # 308 MARGATE FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRAND, NORMAN W. 18575 EGRET WAY BOCA RATON, FL 33496	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRAND, MIM 18575 EGRET WAY BOCA RATON FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGNELLO, LEWIS 1891 N. 61st Ave., Apt 408 Hollywood FL 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, KIM 18916 RED CORAL WY BOCA RATON FL 33498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JOHN D.L. 3879 WOODS WALK BLVD LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: _____ 2-19-08 561-477-9309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #