## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000105006

1. Entity Name
FOUR WINDS TRADING COMPANY



FILED Apr 13, 2007 08:00 A Secretary of State

Principal Place of Business

274 WILSHIRE BLVD

STE 249

CASSELBERRY, FL 32707

Mailing Address

274 WILSHIRE BLVD

STE 249

CASSELBERRY, FL 32707



04102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2301450

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PROCTOR, RALPH G 274 WILSHIRE BLVD STE 249 CASSELBERRY, FL 3270

## DO NOT WRITE IN THIS SPACE

CASSELBERRY, FL 32707			IN THIS STASE		
the obligations of regis				egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
FILE NOW!!! After May 1, 200	Election Campaign Finar     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
STREET ADDRESS 274 WIL:	OFFICERS AND DIRECTOR, RALPH G SHIRE BLVD, STE 249 BERRY, FL 32707	CTORS			
CITY-ST-ZIP  TIFLE  NAME STREET ADDRESS CITY-ST-ZIP  TIFLE					NOT WRITE THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					U00000702864 04/20/07-80116-014 150.00

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 cath; 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

STREET ADORESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

TOR.

4074783150