2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90178 004 ***155.00

DOCUMENT # P03000076786

1. Entity Name
FAIRWINDS TRADING COMPANY

Principal Place of Business	Mailing Address
705 WHITE STREET AMELIA ISLAND FERNANDINA BEACH, FL 32034	705 WHITE STREET AMELIA ISLAND FERNANDINA BEACH, FL 32034

50044625

04232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
314 New ST.	314 New ST.
Suite, Apt. #, etc.: N.A.	Suite, Apt. #, etc.: N.A.
City & State: Fernandina Beach FL.	City & State: Fernandina Beach FL.
Zip: 32034 Country: U.S.A.	Zip: 32034 Country: U.S.A.

4. FEI Number: 56-2380281 ☐ 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
MACHADO, RONALD F 705 WHITE STREET SUITE 3 FERNANDINA BEACH, FL 32034	Name: Machado, Ronald F Street Address (P.O. Box Number is Not Acceptable): 314 New ST. City: Fernandina Beach FL Zip Code: 32034

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: Ronald F Machado [signature] 4-25-05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST MACHADO, RONALD F 705 WHITE STREET SUITE 3 FERNANDINA BEACH, FL 32034 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald F Machado [signature] 4-25-05 904 491 5048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #