

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081323

FILED
Apr 22, 2009
Secretary of State

Entity Name: TRADEWINDS OF MANDALAY, INC.

Current Principal Place of Business:

825 N. CITRUS AVE.
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

19 HIGHWAY 40 WEST
INGLIS, FL 34449

Current Mailing Address:

3824- N. STIRRUP DR.
BEVERLY HILLS, FL 34465

New Mailing Address:

FEI Number: 11-3702297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILLWELL, CLARK A ESQ
320 US HWY 41
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GEE, WILLIAM
Address: 3824 N. STIRRUP DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D () Delete
Name: GEE, GAIL
Address: 3824 N. STIRRUP DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D () Delete
Name: STILLWELL, CLARK A
Address: 320 US HWY 41
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: GEE, GAIL
Address: 3824 N. STIRRUP DR.
City-St-Zip: BEVERLY HILLS, FL 34465 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. GAIL GEE

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date