2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000073564

1. Entity Name
WINDWARD TRADING COMPANY

Principal Place of Business	Mailing Address
12761 WORLD PLAZA LN	12761 WORLD PLAZA LN
FORT MYERS, FL 33907 US	FORT MYERS, FL 33907 US

DO NOT WRITE IN THIS SPACE

01112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0525108	Not Applicable

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

6. Name and Address of Current Registered Agent

DAHER, VIRGINIA M
12761 WORLD PLAZA LN
FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

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 $150.00
After May 1, 2007 Fee will be $550.00

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

U00000596790
01/24/07-80010-011   150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	DAHER, VIRGINIA M
STREET ADDRESS	12761 WORLD PLAZA LN
CITY-ST-ZIP	FORT MYERS, FL 33907

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 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: _____   1-11-07   239-931-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #