

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90064 028 \*\*\*150.00

**DOCUMENT # P97000013453**

1. Entity Name

TRADEWINDS OVERSEAS, INC.



Principal Place of Business

BANANA BAY CLUB  
8254 MIDNIGHT PASS RD  
SARASOTA FL 34242  
US

Mailing Address

BANANA BAY CLUB  
8254 MIDNIGHT PASS RD  
SARASOTA FL 34242  
US

24008923



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3793 KINGSTON BLVD

Suite, Apt. #, etc.

3. Mailing Address

3793 KINGSTON BLVD

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

City & State

SARASOTA FLORIDA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

34238

Country

U.S.A.

Zip

34238

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEYLAN, LINDA  
8254 MIDNIGHT PASS ROAD  
SIESTA KEY  
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

MEYLAN, LINDA

Street Address (P.O. Box Number is Not Acceptable)

3793 KINGSTON BLVD

City

SARASOTA

FL

Zip Code

34238

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

*Linda Meylan*

LINDA MEYLAN PRESIDENT

2-2-04

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	MEYLAN, LINDA	
STREET ADDRESS	8254 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MEYLAN, LINDA	
STREET ADDRESS	6704 TAEDA DRIVE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, AUDREY	
STREET ADDRESS	8254 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYLAN, LINDA	
STREET ADDRESS	3793 KINGSTON BLVD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYLAN, LINDA	
STREET ADDRESS	3793 KINGSTON BLVD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Linda Meylan* LINDA MEYLAN

2-2-04

941-924-4429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #