## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 23, 2006 8:00 am Secretary of State DOCUMENT # P97000048432 03-23-2006 90023 046 \*\*\*150 00 1. Entity Name TRADEWINDS ENTERPRISES OF REDDICK, INC. Principal Place of Business Mailing Address 12145 N.W. 160TH ST. REDDICK FL 32686-2515 12145 NW 160TH STREET REDDICK FL 32686-2515 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0761978 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPELLED INCORRECT VOGENCY, DENISE 18223 44TH PL NO LOXAHATCHEE FL 33470 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Change TITLE ☐ Delete VOGENEY, NORMAN L JR NAME NAME STREET ADDRESS 18223 44TH PLACE NORTH STREET ADDRESS 12145 NW 160th St. CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP Reddick, FL 32686-2515 🔀 Change TITLE TITLE ☐ Delete Addition NAME VOGENEY, DENISE NAME 12145 NW 160th St. STREET ADDRESS 18223 44TH PLACE NORTH STREET ADDRESS Reddick, FL 32686-2515 CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP \_\_\_Change\_\_ . Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED