

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000094729

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** SEA WINDS TRADING CO.

**Current Principal Place of Business:**

1090 TECHNOLOGY AVE  
SUITE A  
NORTH PORT, FL 34289

**New Principal Place of Business:**

**Current Mailing Address:**

1090 TECHNOLOGY AVE  
SUITE A  
NORTH PORT, FL 34289

**New Mailing Address:**

**FEI Number:** 65-0794033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEST, MICHAEL  
1090 TECHNOLOGY AVE  
SUITE A  
NORTH PORT, FL 34289 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WEST, MICHAEL B  
Address: 1624 KOHLENBERG AVE  
City-St-Zip: NORTH PORT, FL 34288

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL WEST

PRES

02/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date