


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J74003**  
 1. Entity Name  
**QUIET FLIGHT SURF SHOP, INC.**



Principal Place of Business  
**109 NORTH ORLANDO AVE.  
 COCOA BEACH, FL 32931**

Mailing Address  
**109 NORTH ORLANDO AVE.  
 COCOA BEACH, FL 32931**

**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2168689** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEASURE, EDWARD  
 109 N. ORLANDO AVE.  
 COCOA BEACH, FL 32931**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000042036  
 02/10/04-80008-003 300.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEASURE, EDWARD 109 NORTH ORLANDO AVE. COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEASURE, JAMES 109 NORTH ORLANDO AVE. COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEASURE, JAMES E. 109 NORTH ORLANDO AVE. COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ Date: **2/6/04** (407) 835-1313  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #