

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 268207

1. Entry Name
LAUDERDALE SURF CORPORATION



Principal Place of Business
**247 IMPERIAL LANE
LAUDERDALE BY THE SEA, FL 33308**

Mailing Address
**247 IMPERIAL LANE
LAUDERDALE BY THE SEA, FL 33308**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1050151

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, DR ROBERT M
247 IMPERIAL LANE
LAUDERDALE BY THE SEA, FL 33308**

**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 reinitializing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE
TD
NAME
ROBERTS, ROLAND W
STREET ADDRESS
220 IMPERIAL LANE
CITY-ST-ZIP
LAUDERDALE BY SE, FL 33308

TITLE
VD
NAME
TESKEY, CHARLES B.
STREET ADDRESS
211 IMPERIAL LANE
CITY-ST-ZIP
LAUDERDALE BY SE, FL

TITLE
SD
NAME
ROBERTS, ADRIENNE
STREET ADDRESS
220 IMPERIAL LANE
CITY-ST-ZIP
LAUD BY THE SEA, FL

TITLE
P
NAME
JONES, ROBERT M DR
STREET ADDRESS
247 IMPERIAL LANE
CITY-ST-ZIP
FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Am R Roland W Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2006 954-776-0859
Date Daytime Phone #