

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90027 039 ***150.00

DOCUMENT # 270941

1. Entity Name
SURMATH, INC.



Principal Place of Business
**311 LA SERENA
WINTER HAVEN, FL 33884 US**

Mailing Address
**311 LA SERENA
WINTER HAVEN, FL 33884 US**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1024942

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATHIAS, ALBERT C
311 LA SERENA
WINTER HAVEN, FL 33884**

**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 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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SURRETT, ALYCE R
STREET ADDRESS	200 DOMINICAN DR, #226
CITY-ST-ZIP	MADISON, MS 39110
TITLE	STD
NAME	MATHIAS, ALBERT C.
STREET ADDRESS	311 LA SERENA
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VP
NAME	MATHIAS, ALYCE
STREET ADDRESS	311 LA SERENA
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Albert C. Mathias*
ALBERT C. MATHIAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

Date

(863) 324 2060

Daytime Phone #