

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90254 008 ***158.75

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**

40000519



2. Principal Place of Business - No P.O. Box #

492 Kimberly Dr

Suite, Apt. #, etc.

3. Mailing Address

492 Kimberly Dr.

Suite, Apt. #, etc.

01042007

Chg-P

CR2E034 (12/06)

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-1024942

Applied For

Not Applicable

Zip

32940

Country

USA

Zip

32940

Country

USA

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**

7. Name and Address of New Registered Agent

Name **Marlene M. Couch**

Street Address (P.O. Box Number is Not Acceptable)

492 Kimberly Dr.

City

Melbourne

FL

Zip Code

32940

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

Marlene M. Couch

Marlene M. Couch

01/04/07

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, 2007 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** ☐ Delete
NAME **SURRETT, ALYCE R**
STREET ADDRESS **200 DOMINICAN DR, #226**
CITY-ST-ZIP **MADISON, MS 39110**

TITLE **STD** ☒ Delete
NAME **MATHIAS, ALBERT C.**
STREET ADDRESS **311 LA SERENA**
CITY-ST-ZIP **WINTER HAVEN, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☒ Addition
NAME **Albert C. Mathias, Jr.**
STREET ADDRESS **9933 S.W. 59th Place**
CITY-ST-ZIP **Ocala, FL 34476**

TITLE **STD** ☒ Change ☒ Addition
NAME **Marlene M. Couch**
STREET ADDRESS **492 Kimberly Dr**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **VD** ☒ Change ☐ Addition
NAME **Alyce R. Surratt**
STREET ADDRESS **200 Dominican Dr #226**
CITY-ST-ZIP **Madison, MS 39110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

(321) 254-7338

SIGNATURE: *Marlene M. Couch* Marlene M. Couch 01/04/07

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #