## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 270941**

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MELBOURNE, FL 32940

() Delete

FILED Jan 06, 2009 Secretary of State

Entity Name: SURMATH, INC. **Current Principal Place of Business: New Principal Place of Business:** 492 KIMBERLY DR MELBOURNE, FL 32940 US **Current Mailing Address: New Mailing Address:** 492 KIMBERLY DR MELBOURNE, FL 32940 US FEI Number: 59-1024942 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COUCH, MARLENE M 492 KIMBERLY DR MELBOURNE, FL 32940 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MATHIAS, ALBERT C JR. Name: SURRETT, ALYCE R Name: 200 DOMINICAN DR, #226 9833 SW 59TH PLACE Address: Address: City-St-Zip: MADISON, MS 39110 City-St-Zip: OCALA, FL 34476 Title: PD Title: VSTD () Delete (X) Change ( ) Addition Name: MATHIAS, ALBERT C JR Name: COUCH, MARLENE M. 9833 SW 59TH PLACE 492 KIMBERLY DRIVE Address: Address: OCALA, FL 34476 MELBOURNE, FL 32940 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: VSTD ( ) Delete COUCH, MARLENE M SURRETT, SHARON R Name: Name: 492 KIMBERI Y DR 238 KENSTON COURT Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

GENEVA, IL 60134

SURRETTE, LYNN

AUSTIN, TX 78729

13003 HUNTWOOD COVE

( ) Change (X) Addition

SIGNATURE: MARLENE M COUCH **VSTD** 01/06/2009