

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 516667

Entity Name: SURFSIDE MOTORS, INC.

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

7459 STATE ROUTE 309  
GALION, OH 44833 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 850  
GALION, OH 44833

## New Mailing Address:

FEI Number: 59-1695616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RINARD, PATRICK ATTY  
1253 PARK STREET  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

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:

Title: S ( ) Delete  
Name: HESTON, BONNIE J  
Address: 6632 TOWNSHIP ROAD 50  
City-St-Zip: MANSFIELD, OH 44904 US

Title: PD ( ) Delete  
Name: SMITH, CRAIG A  
Address: 6434 LINCOLN HIGHWAY  
City-St-Zip: CRESTLINE, OH 44827

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: BONNIE J HESTON

S

04/23/2009

Electronic Signature of Signing Officer or Director

Date