

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 537599

1. Entity Name

SUN & SURF MOTEL, INC.



Principal Place of Business

1115 FLAGSTONE DRIVE
DAYTONA BEACH FL 32118-2607

Mailing Address

1115 FLAGSTONE DRIVE
DAYTONA BEACH FL 32118-2607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number
59-1784320

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUMBLESON, J D ESQ
105A S PALMETTO AVE
DAYTONA BEACH FL 32114

Name

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

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MILLER, BARBARA L.
STREET ADDRESS 1115 FLAGSTONE DR
CITY- ST- ZIP DAYTONA BEACH FL 32118

TITLE S ☐ Delete
NAME MILLER, BARBARA L.
STREET ADDRESS 1115 FLAGSTONE DR
CITY- ST- ZIP DAYTONA BCH, FL 00000

TITLE VD ☐ Delete
NAME WILSON, SANDRA C
STREET ADDRESS 3333 RIDGEWOOD AVE #11
CITY- ST- ZIP DAYTONA BEACH FL 32119

TITLE TD ☐ Delete
NAME LUND, DEANNA M.
STREET ADDRESS 1948 BENECIA AVE
CITY- ST- ZIP LOS ANGELES CA

TITLE ATD ☐ Delete
NAME MILLER, BARBARA L.
STREET ADDRESS 1115 FLAGSTONE DR
CITY- ST- ZIP DAYTONA BCH, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME 000000228182
STREET ADDRESS 02/14/05-80029-006 150.00
CITY- ST- ZIP

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

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #