


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 636682</b>	
1. Entity Name SALTY DOG SURF & SPORTS CENTER, INC.	

Principal Place of Business 700 E. I. S. B. DAYTONA BEACH, FL 32118	Mailing Address 100 S ATLANTIC AVENUE DAYTONA BEACH, FL 32118 US
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**DO NOT WRITE IN THIS SPACE**

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1936807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, BRUCE D  
100 S ATLANTIC AVE  
DAYTONA BEACH F, FL 32118

**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 \_\_\_\_\_ (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

UD0000661599  
03/20/07-80048-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, BRUCE D 4832 S PENINSULA DR PONCE INLET, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, SHARON N 4832 S PENINSULA DR PONCE INLET, FL
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IN THIS SPACE**

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.

**SIGNATURE:** *Bruce D. Miller* *Sharon N. Miller* 3-7-07 1384-253-275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #