

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90007 026 ***158.75

DOCUMENT # F05000004686					
1. Entity Name SURF IS UP BOOKS & NEWS, INC.					
Principal Place of Business 285 W. COLUMBIA LANE COCA BEACH, FL 32931			Mailing Address P.O. BOX 3092 ELMIRA, NY 14905		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number Applied For <div style="text-align: right;">Not Applicable</div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				7062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP BRAUNSTEIN, EDWIN L 1007 W. WATER STREET ELMIRA, NY 14905	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HUBSCHMITT, BRUCE D 416 PHOENIX AVENUE ELMIRA, NY 14904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABBOTT, ANTHONY J 2405 DOUBS CT. ADAMSTOWN, MD 21710	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 		7/7/06 (607) 734 5673 <div style="display: flex; justify-content: space-between;"> Signature and Type or Printed Name of Signing Officer or Director Date Daytime Phone # </div>			