## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42232

FILED Apr 21, 2005 Secretary of State

Entity Name: SURF ENTERPRISES OF MERRITT ISLAND, INC.

**Current Principal Place of Business:** New Principal Place of Business:

675 OLEANDER DR 255 MANOR DRIVE

SUITE A MERRITT ISLAND, FL 32952 US

MERRITT ISLAND, FL 32952 US

**New Mailing Address: Current Mailing Address:** 

675 OLEANDER DR P.O. BOX 540993

SUITE A MERRITT ISLAND, FL 32954 US MERRITT ISLAND, FL 32952 US

FEI Number: 59-2122034 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THODEY, JR., CLYDE A THODEY, JR., CLYDE A 675 OLEÁNDÉR DRIVE P.O. BOX 540993

MERRITT ISLAND, FL 32954 US

STE A MERRITT ISLAND, FL 32952 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: 04/21/2005

> 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

THODEY, CLYDE A, JR, THODEY, CLYDE A, JR, Name: Name: 675 OLEANDER DR, SUITE A Address: P.O. BOX 540993 Address:

City-St-Zip: MERRITT ISLAND, FL City-St-Zip: MERRITT ISLAND, FL 32954 US

Title: Title: (X) Change ( ) Addition () Delete

Name: THODEY, JUDY A Name: THODEY, JUDY A 6750 OLEANDER DR, SUITE A Address: P.O. BOX 540993 Address:

MERRITT ISLAND, FL 32954 US MERRITT ISLAND, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLYDE A. THODEY JR. **PRES** 04/21/2005