

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F43834

FILED  
Feb 19, 2004  
Secretary of State

Entity Name: SURFCO MANAGEMENT, INC.

## Current Principal Place of Business:

C/O WILLIAM A. TOLLIVER  
12960 GULF BLVD.  
MADEIRA BCH, FL 33708 US

## Current Mailing Address:

C/O WILLIAM A. TOLLIVER  
12960 GULF BLVD.  
MADEIRA BEACH, FL 33708

## New Principal Place of Business:

C/O TIM TOLLIVER  
12960 GULF BLVD.  
MADEIRA BCH, FL 33708 US

## New Mailing Address:

C/O TIM TOLLIVER  
12960 GULF BLVD.  
MADEIRA BEACH, FL 33708

FEI Number: 59-2123934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOLLIVER, TIM  
12960 GULF BLVD  
MADEIRA BEACH, FL 33708 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: PD ( ) Delete  
Name: TOLLIVER, TIM S.  
Address: 12960 GULF BLVD.  
City-St-Zip: MADEIRA BEACH, FL

Title: STD ( ) Delete  
Name: TOLLIVER, L. S.,  
Address: 11399 60TH TER N.  
City-St-Zip: SEMINOLE, FL

Title: VP ( ) Delete  
Name: TOLLIVER, MARYANN  
Address: 12960 GULF BLVD  
City-St-Zip: MADEIRA BEACH, FL 33708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: TIM TOLLIVER

PD

02/19/2004

Electronic Signature of Signing Officer or Director

Date