

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90022 012 ***150.00

DOCUMENT # F97000000712

1. Entity Name
SURFER ROSA PROPERTIES LIMITED INCORPORATED



Principal Place of Business
**2100 S TAMiami TRAIL #200
SARASOTA, FL 34239**

Mailing Address
**2100 S TAMiami TRAIL #200
SARASOTA, FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3130155

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

**SHOAF, MARGARET
2100 S TAMiami TRAIL #200
SARASOTA, FL 34239**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	WILKINS, KENNETH GEORGE	
STREET ADDRESS	CHEMIN DE MESSIDOR 4	
CITY-ST-ZIP	1006 LAUSANNE SWITZERLAND,	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILKINS, JAUETTE EDITH	
STREET ADDRESS	CHEMIN DE MESSIDOR 4	
CITY-ST-ZIP	1006 LAUSANNE SWITZERLAND,	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINS, DINAH JANE	
STREET ADDRESS	PAFREY CHAPEL LANE	
CITY-ST-ZIP	FERNHAM OXON, UK sn77pe	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, KENNETH GEORGE	
STREET ADDRESS	WINGROVE HOUSE, THE GREEN, CHIPPING CAMPDEN	
CITY-ST-ZIP	GLoucestershire GL55 6DL U.K.	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, JANETTE EDITH	
STREET ADDRESS	WINGROVE HOUSE, THE GREEN, CHIPPING CAMPDEN	
CITY-ST-ZIP	GLoucestershire GL55 6DL U.K.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

K.G. WILKINS

3/3/04

Date

(941) 383-7996

Daytime Phone #