

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90186 027 \*\*\*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

02042005

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New 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, 2005 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** ☒ Delete  
NAME **WILKINS, KENNETH GEORGE**  
STREET ADDRESS **THE GREEN CHIPPING CAMPDEN**  
CITY-ST-ZIP **GLOUCESTERSHIRE, UK gl 55 6dl**

TITLE **S** ☒ Delete  
NAME **WILKINS, JAUETTE EDITH**  
STREET ADDRESS **THE GREEN CHIPPING CAMPDEN**  
CITY-ST-ZIP **GLOUCESTERSHIRE, UK gl 55 6dl**

TITLE **D** ☒ Delete  
NAME **WILKINS, DINAH JANE**  
STREET ADDRESS **PALFREY CHAPEL LANE**  
CITY-ST-ZIP **FERNHAM OXON, UK sn77pe**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MR.** ☒ Change ☐ Addition  
NAME **WILKINS, KENNETH GEORGE**  
STREET ADDRESS **WINGROVE HOUSE, THE GREEN**  
CITY-ST-ZIP **CHIPPING CAMPDEN, GLOUCESTERSHIRE, U.K. GL55 6DL**

TITLE **MRS.** ☒ Change ☐ Addition  
NAME **WILKINS, JANETTE EDITH**  
STREET ADDRESS **WINGROVE HOUSE, THE GREEN**  
CITY-ST-ZIP **CHIPPING CAMPDEN, GLOUCESTERSHIRE, U.K. GL55 6DL**

TITLE **MRS.** ☒ Change ☐ Addition  
NAME **WEBB-BOWEN, DINAH JANE**  
STREET ADDRESS **PALFREY CHAPEL LANE,**  
CITY-ST-ZIP **FERNHAM OXON, U.K. SN7 7PE**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**2/22/05**

**(941) 383-7996**

Date

Daytime Phone #