2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 12, 2007 08:00 AM DOCUMENT # G00924 **Secretary of State** SURF & TURF ENTERPRISES, INC. Principal Place of Business Mailing Address 3333 N. FEDERAL HWY. BOCA RATON FL 33431 3333 N. FEDERAL HWY. **BOCA RATON FL 33431** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FE! Number 59-2220680 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANT, JOHN A. JR. 3333 N. FEDERAL HWY. Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** Zip Codo City 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. (NOTE, Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRANT, JOHN A. JR. NAME NAME U00000632792 3333 NORTH FED HWY STREET ADDRESS STREET ADDRESS 02/21/07-80035-020 158.75 CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP SDV 111111 Change ☐ Defete ш Addition GRANT, W. KEITH NAME NAME 3333 N FEDERAL HWY STE 3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition GRANT, JOHN A JR NAME NAME STREET ADDRESS 3333 N FEDERAL HWY STE 3 STREET ADDRESS CJTY-ST-ZIP **BOCA RATON FL 33431** CITY-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete 11111 mu Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing course not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

John A. Grant, Jr. 27-07

indicated on this report or supplemental report is true and of the corporation or the receiver or trusted empowered keep the changed, or on an attachment with an address, with all

if changed, or on an attachme

SIGNATURE: