

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90021 045 ***150.00

DOCUMENT # G03657 1. Entity Name SURF INDUSTRIES, INC.			
Principal Place of Business 950 SAN CARLOS DR. FORT MYERS BCH FL 33931		Mailing Address 950 SAN CARLOS DR FORT MYERS BEACH FL 33931	
2. Principal Place of Business 950 SAN CARLOS DR. Suite, Apt. #, etc.		3. Mailing Address 950 SAN CARLOS DR. Suite, Apt. #, etc.	
City & State FT. MYERS BCH FLA Zip 33931 Country U.S.		City & State FT. MYERS BCH FLA Zip 33931 Country U.S.	
4. FEI Number 59-2223110		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRIMEAU, NORM 1035 ESTERO BLVD FT. MYERS BEACH FL 33931		7. Name and Address of New Registered Agent 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 <u><i>Norman L. Primeau</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>4-28-06</i></u>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIMEAU, BEVERLY ANN 950 SAN CARLOS CT. FT. MYERS FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRIMEAU, NORMAN 950 SAN CARLOS CT FT. MYERS FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does 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 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: <u><i>Norman L. Primeau</i></u>		Date <u><i>4-28-06</i></u> Daytime Phone # <u><i>739 463 1088</i></u>	