


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2007 08:00 AM
Secretary of State

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 BCH, FL 33931	



06012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2223110	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PRIMEAU, NORM
1035 ESTERO BLVD
FT. MYERS BEACH, FL 33931**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIMEAU, BEVERLY ANN 950 SAN CARLOS CT. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRIMEAU, NORMAN 950 SAN CARLOS CT FT. MYERS, FL
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06/13/07-80001-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) _____

Daytime Phone # _____