

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90021 026 ***150.00

DOCUMENT # H16488

1. Entity Name
SUNRISE SURF SHOP, INC.



Principal Place of Business
**11013 S. OCEAN DRIVE
JENSEN BEACH, FL 34957**

Mailing Address
**11013 S. OCEAN DRIVE
JENSEN BEACH, FL 34957**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2448931

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CARSON, BENNIE D.
#2 ISLAND RD
STUART, FL 34996**

Name **Bennie B Carson**

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

2001 Sailfish Pt Blvd #208B

City **Stuart**

FL

Zip Code
34996

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

Bennie B. Carson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 15, 05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
CARSON, BENNIE B.
2001 SAILFISH PT BLVD #208 B
STUART, FL 34996** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/S/T/D
Bennie B Carson
2001 Sailfish Pt Blvd #208B
Stuart FL 34996** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CARSON, BENNIE D.
#2 ISLAND RD.
STUART, FL** ☒ Delete

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

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☐ Change ☐ Addition

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:

Bennie B. Carson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 05 772-229-1722
Date Daytime Phone #