2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2005 8:00 am Secretary of State DOCUMENT # H29768 04-14-2005 90087 044 ***150.00 SILVER SURF MOTEL, INC. Principal Place of Business Mailing Address 1301 GULF DRIVE N C/O BRIDGEWALK PARTNERS BRADENTON BEACH, FL 34217 100 BRIDGE STREET BRADENTON BEACH, FL 34217 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-2463676 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODOCKER BARBARA A Street Address (P.O. Box Number is Not Acceptable) 5841 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-8. The above name of 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. 1 Cake Le SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSDT TITLE ☐ Delete TITLE ☐ Addition RODOCKER, BARBARA A. NAME NAME STREET ADDRESS 5841 GULF OF MEXICO DR STREET ADDRESS 100 BRIDGE STREET CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP Bradenton BEACH, 7L TITLE ☐ Delete TITLE Change ☐ Addition RODOCKER, ANGELA J STREET ADDRESS 5841 GULF OF MEXICO DR STREET ADDRESS 100 BRIDGE STREET CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP BRADENTON BEACH 34717 TITLE - Delete ---Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 ent with an address, with all other tige empowered.

SIGNATURE: 💯

Reeder Lei SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #