

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H54028

1. Entity Name
SURFACE TECHNOLOGIES CORPORATION



Principal Place of Business
2275 ATLANTIC BLVD
STE 100
NEPTUNE BEACH, FL 32266

Mailing Address
2275 ATLANTIC BLVD
STE 100
NEPTUNE BEACH, FL 32266



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2512134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORRELL, MARY C. ESQ.
2275 ATLANTIC BLVD.
NEPTUNE BEACH, FL 32266

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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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	HIONIDES, CHRIS
STREET ADDRESS	47 11TH ST.
CITY-ST-ZIP	ATLANTIC BEACH, FL
TITLE	V
NAME	MCCOY, BARRY
STREET ADDRESS	4708 LONG MOUNT RD.
CITY-ST-ZIP	VIRGINIA BEACH, VA 23456
TITLE	V
NAME	STUMP, BRIAN
STREET ADDRESS	4531 GRASSEY CAY
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000395404
01/26/06-80048-025 150.00

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06

Date

Daytime Phone #