

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54028

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: SURFACE TECHNOLOGIES CORPORATION

**Current Principal Place of Business:**

2275 ATLANTIC BLVD  
STE 100  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

2275 ATLANTIC BLVD  
STE 100  
NEPTUNE BEACH, FL 32266

**New Mailing Address:**

P.O. BOX 330108  
ATLANTIC BEACH, FL 32233

FEI Number: 59-2512134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: HIONIDES, CHRIS,  
Address: 47 11TH ST.  
City-St-Zip: ATLANTIC BEACH, FL

Title: V ( ) Delete  
Name: MCCOY, BARRY  
Address: 4708 LONG MOUNT RD.  
City-St-Zip: VIRGINIA BEACH, VA 23456

Title: V ( ) Delete  
Name: STUMP, BRIAN  
Address: 4531 GRASSEY CAY  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS HIONIDES

P

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date