

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90132 024 ***150.00

DOCUMENT # H82931

1. Entity Name
JET SET SURF SHOPS, INC.



Principal Place of Business
**2075 PERIWINKLE WAY
#29
SANIBEL, FL 33957-4106 US**

Mailing Address
**2400 TAMiami TRAIL N #201
NAPLES, FL 34103 US**

04033377



04032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2591403

Applied For
Not Applicable

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

**LEE, DARRYL S.
5780 HARBORAGE DRIVE
FORT MYERS, FL 33908**

Name

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

5600 HARBORAGE DRIVE

City

FORT MYERS

FL

Zip Code

33908

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.

DARRYL LEE

(NOTE: Registered Agent signature required when reinstating)

5/1/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PDS
LEE, DARRYL S.
5780 HARBORAGE DR
FT MYERS, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**5600 HARBORAGE DRIVE
FT. MYERS, FL 33908** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARRYL S. LEE

5/01/04 (239) 472-9098

Date

Daytime Phone #