2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N06000012201

Entity Name: FLORIDA SURFCASTERS INC

Current Principal Place of Business:

2684 SENECA DR.
ST. JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

2684 SENECA DR.
ST.JOHNS, FL 32259

New Mailing Address:

2684 SENECA DR.
ST. JOHNS, FL 32259

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPFER, E. W
2684 SENECA DR.
ST. JOHNS, FL 32259 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOOKER, BRIAN
Address: 2684 SENECA DR
City-St-Zip: ST JOHNS, FL 32259

Title: V ( ) Delete
Name: BARRY, BARTON R III
Address: 2684 SENECA DR
City-St-Zip: ST.JOHNS, FL 32259

Title: S ( ) Delete
Name: BRIDGEMAN, KARL
Address: 2684 SENECA DR
City-St-Zip: ST. JOHNS, FL 32259

Title: T ( ) Delete
Name: HOPFER, E. W
Address: 2684 SENECA DR
City-St-Zip: ST. JOHNS, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AUSTIN, STEVE
Address: 2684 SENECA DR
City-St-Zip: ST JOHNS, FL 32259

Title: V (X) Change ( ) Addition
Name: KUHN, NOEL
Address: 2684 SENECA DR
City-St-Zip: ST.JOHNS, FL 32259

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. W. HOPFER T 01/12/2009
Electronic Signature of Signing Officer or Director — Date