


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90097 027 \*\*\*\*61.25

**DOCUMENT # N25746**  
 1. Entity Name  
**FORD SURF PLAZA, INC.**



Principal Place of Business      Mailing Address  
 721 A1A BCH BLVD      721 A1A BCH BLVD  
 ST. AUGUSTINE BEACH FL 32084      ST. AUGUSTINE BEACH FL 32084  
 US      US

2. Principal Place of Business      3. Mailing Address  
**721 A1A BCH BLVD**      **721 A1A BCH BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 4**      **SUITE 4**

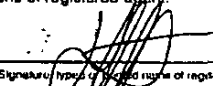
City & State      City & State  
**ST. AUGUSTINE, FL**      **ST. AUGUSTINE, FL**  
 Zip      Zip      Country      Country  
**32080**      **32080**      **USA**      **USA**

Barcode  
 1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**59-2470418**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FORD, H. TIMOTHY**  
**721 A1A BCH BLVD #3**  
**SAINT AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent  
 Name **JOE HATIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**721 A1A BCH BLVD**  
**SUITE 4**  
 City **ST. AUGUSTINE**      FL      Zip Code **32080**

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  **JOE HATIN**      DATE **2-13-06**

FILE NOW: FEE IS \$61.25 Due By May 1, 2008  
 9. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees  
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FORD, H. TIMOTHY	
STREET ADDRESS	2837 A1A SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FORD, H. TIMOTHY	
STREET ADDRESS	2837 A1A SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARKER, DAVID B.	
STREET ADDRESS	46 SPANISH STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLES, JOSEPH L., JR.	
STREET ADDRESS	46 SPANISH STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE HATIN	
STREET ADDRESS	721 A1A BEACH BLVD. SUITE 4	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN HENKLE	
STREET ADDRESS	721 A1A BEACH BLVD. SUITE 4	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA BYRD	
STREET ADDRESS	721 A1A BEACH BLVD. SUITE 4	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  **STEPHEN HENKLE**      Date **3-13-06**      Daytime Phone # **904 471-7227**



ATTACHMENT

66005798

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

FORD SURF PLAZA, INC.  
721 A1A BCH BLVD  
STE. 4  
SAINT AUGUSTINE, FL 32080 US

Subject: FORD SURF PLAZA, INC.

Reference Number: N25746

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj  
ANNUAL REPORTS SECTION