


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90395 031 ****61.25

DOCUMENT # N25746 1. Entity Name FORD SURF PLAZA, INC.	
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Principal Place of Business 721 A1A BCH BLVD STE 4 ST. AUGUSTINE BEACH, FL 32084 US	Mailing Address 721 A1A BCH BLVD STE 4 ST. AUGUSTINE BEACH, FL 32084 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	04262007	Chg-NP	CR2E037 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2470418		
City & State	City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD HATIN, JOE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATIN, JOE	NAME	
STREET ADDRESS	721 A1A BCH BLVD, STE 4	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	CITY-ST-ZIP	
TITLE	ST HINKLE, STEPHEN <input type="checkbox"/> Delete	TITLE	<i>S/T/D</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINKLE, STEPHEN	NAME	
STREET ADDRESS	721 A1A BCH BLVD, STE 4	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	CITY-ST-ZIP	
TITLE	D BYRD, DONNA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, DONNA	NAME	
STREET ADDRESS	721 A1A BCH BLVD, STE 4	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	CITY-ST-ZIP	
TITLE	D BOLES, JOSEPH L., JR. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLES, JOSEPH L., JR.	NAME	
STREET ADDRESS	46 SPANISH STREET	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: _____ 4/26/07 (904) 471-7488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #