


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000015702 1. Entity Name BALI BLUE SURF SHOP, INC.	
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07082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3624451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, COLIN J PRES
248 HUNTRIDGE WAY
WINTER SPRINGS, FL 32708

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIS, COLIN J PRES 248 HUNTRIDGE WAY WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIS, DONNA A VP 248 HUNTRIDGE WAY WINTER SPRINGS, FL 32708
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07/11/07-80002-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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

7/8/07

Date

407 331-3323

Daytime Phone #