


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000044152 1. Entity Name SURF-SIDE DISTRIBUTION, INC.	
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Principal Place of Business 11840 US HWY 98 WEST DESTIN, FL 32550	Mailing Address 11840 US HWY 98 WEST DESTIN, FL 32550
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05272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3653294	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 DAVID PLEAT AND ASSOCIATES 4477 LEGENDARY DR, SUITE 202 DESTIN, FL 32541
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**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000952549
06/04/08-80086-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JERNIGAN, RICHARD S 715 VINTAGE CIR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JERNIGAN, DIANA S 715 VINTAGE CIR DESTIN, FL 32541
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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

Date

Daytime Phone #

Richard S. Jernigan *Diana S. Jernigan* 5/20/08
850-654-5525