

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000094444

1. Entity Name
OUTER LIMITZ SK8 & SURF, INC.



Principal Place of Business
9501 ARLINGTON EXPRESSWAY
SUITE 905
JACKSONVILLE, FL 32225

Mailing Address
9501 ARLINGTON EXPRESSWAY
SUITE 905
JACKSONVILLE, FL 32225



07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3747110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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 restate(s).)

DATE

FILE NOW!! FEE IS \$150.00
Due by September 8, 2004

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 PSD
NAME DREIBELBIS, DAVA E
STREET ADDRESS 9501 ARLINGTON EXPRESSWAY SUITE 905
CITY - ST - ZIP JACKSONVILLE, FL 32225

TITLE VTD
NAME DREIBELBIS, EDWARD R II
STREET ADDRESS 9501 ARLINGTON EXPRESSWAY SUITE 905
CITY - ST - ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
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U00000169033
08/02/04-80007-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dava E. Dreibelbis Dava E. Dreibelbis

7/19/04

904-260-2058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #