2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000022516

Entity Name

WIND SURF REALTY, INC.



FILED Jan 07, 2008 08:00 AN Secretary of State

Principal Place of Business

233 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169 Mailing Address

233 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

	 _ \$8.7	5 Additional
02-0354871		Not Applicable
4. FEI Number		Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTTER, CARL B 505 CEDAREDGE DRIVE NEW SMYRNA BEACH, FL 32168 DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered office or registered agen	, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tille i	applicable (NOTE: Registered Agent signature required when refinst	ating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Added to Fee	Be ss
10.	OFFICERS AND DIREC	TORS	FARRACIE SKUDOD SKIEDA NAME A 2015.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTER, CARL B 505 CEDAREDGE DRIVE NEW SMYRNA BEACH, FL 32168		1000000774555 01/07/08-80019-013 150 no
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, JOY J 233 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N THIS SPACE
TITLE NAME STREET ADDRESS			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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 chapted or on a statechment with an address, with all other like empowered.

SIGNATURE.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OF

1-4-2008

386 424-1599

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