


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90159 016 ***150.00

DOCUMENT # P03000141088

1. Entity Name
 SURFSIDE POOLS / BILLIARDS, INC.




Principal Place of Business
 6677 OLD BAGDAD HWY
 BAGDAD, FL 32583

Mailing Address
 PO BOX 648
 BAGDAD, FL 32583

DO NOT WRITE IN THIS SPACE

40067485



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0424478	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

BASS AND SANDFORT ACCOUNTANTS, PA
 1301 W GARDEN ST
 PENSACOLA, FL 32501

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HUNT, DONNA PO BOX 648 BAGDAD, FL 32530
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DEVTSCH, JEREMY PO BOX 648 BAGDAD, FL 32530
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donna Hunt* 4/20/05 850-626-1941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #