2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State
07-27-2005 90049 008 ***150.00

DOCUMENT # P04000012533

1. Entity Name
SURF FOR PAINT INC.

Principal Place of Business	Mailing Address
~~4179 SAXON DR~~ ~~NEW SMYRNA BEACH FL 32169~~	~~4179 SAXON DR~~ ~~NEW SMYRNA BEACH FL 32169~~

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
2314 Pine Tree Dr	2314 Pine Tree Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Edgewater FL	City & State: Edgewater FL
Zip: 32141 Country:	Zip: 32141 Country:

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

KREHL, WILLIAM H
~~4179 SAXON DR~~
~~NEW SMYRNA BEACH FL FL~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable) 2314 Pine Tree Dr.
City Edge water FL Zip Code 32141

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] 7-19-05
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
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KREHL, WILLIAM H 4179 SAXON DR NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KREHL, William H 2314 Pine Tree Dr. Edgewater FL 32141	☒ Change address only ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 7-19-05 407 230 5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 7-19-05

5005 8043

P04 0000 12533

To Whom it May Concern,

Per the phone call to your office on the date above, I have moved and did not recieve the renewal card until late because of the move. I am enclosing my check of $150.00 and am asking you to please waive the $400.00 fee and to also ask you to change the address so this does not happen again. Thank you so much!