

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2005 90150 011 ***150.00

DOCUMENT # P04000044894 1. Entity Name SURF AMIGOS, INC.					
Principal Place of Business 4217 WICKS BRANCH RD ST AUGUSTINE, FL 32086			Mailing Address PO BOX 861154 ST AUGUSTINE, FL 32086		
2. Principal Place of Business 4217 Wicks Branch Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State ST AUGUSTINE FL Zip 32086		City & State Country St Johns		4. FEI Number 0437 87538 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Lindsey Henderson Street Address (P.O. Box Number is Not Acceptable) 4217 Wicks Branch Rd City St Augustine FL ST AUGUSTINE FL Zip Code 32086		
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 <u>Lindsey Henderson Pres.</u> DATE <u>4-20-05</u> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HENDERSON, LINDSEY 4217 WICKS BRANCH RD ST AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HENDERSON, GLENN 4217 WICKS BRANCH RD ST AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
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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: <u>Lindsey Henderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-20-05</u> Daytime Phone # <u>904 7972064</u>		