

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000044894

1. Entity Name  
SURF AMIGOS, INC.



**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
4217 WICKS BRANCH RD  
ST AUGUSTINE, FL 32086

Mailing Address  
PO BOX 861154  
ST AUGUSTINE, FL 32086



04062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3787538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HENDERSON, LINDSEY  
4217 WICKS BRANCH RD  
SAINT AUGUSTINE, FL 32086

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HENDERSON, LINDSEY
STREET ADDRESS	4217 WICKS BRANCH RD
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	VST
NAME	HENDERSON, GLENN
STREET ADDRESS	4217 WICKS BRANCH RD
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000525941  
05/04/06-80052-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: L Henderson Pres Lindsey Henderson 4/18/06 904 79720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #