## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P04000046925 SURF AND SAND REALTY, INC. Mailing Address Principal Place of Business 113 BAYBRIDGE PARK 113 BAYBRIDGE PARK GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 US 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1027272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MACQUEEN, JULIAN B DO NOT WRITE 113 BAYBRIDGE PARK GULF BREEZE, FL 32561 IN THIS SPACE atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named and the obligations OIC SIGNATURE reg agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MACQUEEN, JULIAN B NAME 113 BAYBRIDGE PARK STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 05/09/06-80027-006 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with the filling 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 impowered 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 anticase with all place.

SIGNATURE: \_

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED