## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P04000049250** 03-18-2005 90050 023 \*\*\*150.00 HANG LOOSE SURF SCHOOL INC. Mailing Address Principal Place of Business 1701 SW 12TH CT. 1701 SW 12TH CT. FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 3. Mailing Address 2. Principal Place of Business MATIES . Suite, Apt. #, etc. Suite, Apt. #, etc. 02272005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 90-0156767 Not Applicable Country Zip \$8.75 Additional Country Ζ'nο 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHORN, JOHN Street Address (P.O. Box Number is Not Acceptable) 1701 SW 12TH CT. FORT LAUDERDALE, FL 33312 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstiting) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11-10. IIILE ☐ Delete MILE Change Addition JOHN SCHORN NAME: MANE STREET ADDRESS 1701 SW 12TH CT STREET ADDRESS CITY-ST-702 CITY-ST-7IP FORT LAUDERDALE, FL 33312 ☐ Change Addition TITLE ☐ Delete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ... CITY-ST-ZIP TITLE Service ☐ Delete ☐ Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP COTY-ST-7/P ☐ Addition ☐ Change TITLE ☐ Oelete MF STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THE - Delet IIIIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-XP CITY-ST-ZP TITLE 🚉 ☐ Delete MANE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filting 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 2-27-05 954-336-1441 aller SIGNATURE: Daytime Phone #

OF SIGNING OFFICER OR DIRECTOR

Desc

FILED

Mar 18, 2005 8:00 am