

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90271 036 ***150.00

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1. Entity Name

FLORIDA SURFING ASSOCIATION, INC.



Principal Place of Business

236 BOWLES STREET
NEPTUNE BEACH FL 32266

Mailing Address

236 BOWLES STREET
NEPTUNE BEACH FL 32266



2. Principal Place of Business

593 Margaret St
Suite, Apt. #, etc.

3. Mailing Address

593 Margaret St
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Neptune Beach, FL
32266 USA

City & State

Neptune Beach FL
32266 USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEST, PAUL
236 BOWLES STREET
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name

WEST, PAUL

Street Address (P.O. Box Number is Not Acceptable)

593 Margaret Street

City

Neptune Beach

FL

Zip Code

32266

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul West

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE PD
NAME WEST, PAUL
STREET ADDRESS 236 BOWLES STREET 593 Margaret ST.
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Paul West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 (904) 626-9090