

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000107061

1. Entity Name
GOSURF, INC.



Principal Place of Business

120 EAST GRANADA BOULEVARD
ORMOND BEACH, FL 32176

Mailing Address

120 EAST GRANADA BOULEVARD
ORMOND BEACH, FL 32176



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1446092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEPPER, SCOTT C
120 EAST GRANADA BOULEVARD
ORMOND BEACH, FL 32176

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U000000587477
01/17/07-80034-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AKERS, WILLIAM JR. III
STREET ADDRESS	120 EAST GRANADA BOULEVARD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	TEPPER, SCOTT C
STREET ADDRESS	120 EAST GRANADA BOULEVARD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	KOLLER, MICHAEL P
STREET ADDRESS	120 EAST GRANADA BOULEVARD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Michael Koller MICHAEL KOLLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07 (386) 677-6475

Date Daytime Phone #