

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90116 045 ***150.00

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1. Entity Name
SURF CITY IV, INC.



Principal Place of Business
**1516 MAIN STREET
SARASOTA, FL 34236**

Mailing Address
**3031 N. OCEAN BLVD, APT 408
FT. LAUDERDALE, FL 33308**

**6455 Friendship Drive
SARASOTA, FL 34241**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1884981

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

6. Name and Address of Current Registered Agent

**ESHKOLI, NIR
3031 N. OCEAN BLVD, APT 408
FT. LAUDERDALE, FL 33308**

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

**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 **P**
NAME **ESHKOLI, NIR**
STREET ADDRESS **3031 N. OCEAN BLVD, APT 408**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

**6455 Friendship Drive
SARASOTA FL 34241**

TITLE **VP**
NAME **ESHKOLI, MONICA**
STREET ADDRESS **3031 N. OCEAN BLVD, APT 408**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

**6455 Friendship Dr.
SARASOTA FL 34241**

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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: **NIR ESHKOLI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3/20/06
Date

Daytime Phone #