2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000133607

1. Entity Name
REXMAN'S SURF STUFF, INC.

Principal Place of Business	Mailing Address
8747 COCO PLUM PL ORLANDO, FL 32827	PO BOX 592335 ORLANDO, FL 32859

DO NOT WRITE IN THIS SPACE

01112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0906471	Not Applicable

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

6. Name and Address of Current Registered Agent

FREDERICK, REX
8747 COCO PLUM PL
ORLANDO, FL 32827

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

U00000665168
03/23/07-80017-007 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	FREDERICK, REX	
STREET ADDRESS	8747 COCO PLUM PL	
CITY-ST-ZIP	ORLANDO, FL 32827	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: _____   3/10/07   4073563454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #