# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 04, 2006**
**Secretary of State**

DOCUMENT# P05000134455

**Entity Name:** SURFSIDE APPRAISALS, INC.

**Current Principal Place of Business:**

120 N RYAN STREET
SEAGROVE BEACH, FL 32459

**New Principal Place of Business:**

260 CLAREON DR.
SEACREST BEACH, FL 32419

**Current Mailing Address:**

120 N RYAN STREET
SEAGROVE BEACH, FL 32459

**New Mailing Address:**

5399 E COUNTY HWY.
30-A PMB 166
SANTAROSA BEACH, FL 32459

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: PAUL SMITH V.P.
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPVS ( ) Delete
Name: BARFIELD, J. SHANE
Address: 120 N RYAN STREET
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: T ( ) Delete
Name: BARFIELD, J. SHANE
Address: 120 N RYAN STREET
City-St-Zip: SEAGROVE BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPVS (X) Change ( ) Addition
Name: BARFIELD, J. SHANE
Address: 5399 E COUNTY HWY. 30-A PMB 166
City-St-Zip: SANTAROSA BEACH, FL 32459

Title: T (X) Change ( ) Addition
Name: BARFIELD, J. SHANE
Address: 5399 E COUNTY HWY. 30-A PMB 166
City-St-Zip: SANTAROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. SHANE BARFIELD DPVS 10/04/2006
Electronic Signature of Signing Officer or Director — Date