## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P06000063106



## **FILED** May 04, 2007 8:00 am Secretary of State

SURFSIDE REFERRAL NETWORK, INC								05-04-	-2007 9	0091 0	30 ***150	.00
1350 HOLLY AVENUE			Mailing Address 1350 HOLLY AVENUE MERRITT ISLAND, FL 32952									
2. Principal F	Place of Business - No P.O. Box #	# 3. Maili	ng Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05022007	Chg-	P	CR2E	E034 (12/06)	)
City & State			City & State				4. FEI Numb	4800	003	0	<del></del>	pplied For lot Applicable
Zip	Country	Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Cu	ırrent Registered	l Agent				7. Name and	d Address o	of New R	egistere	J Agent	
	CKY, BARBARA A				Name Street Add	dress (F	P.O. Box Numb	er is Not Ad	ceptable	)		<del></del>
1350 HOLLY AVENUE MERRITT ISLAND, FL 32952						`			<del> ·- ·</del>			
					City					F	Zip Co	de
	e named entity submits this statem tions of registered agent.	nent for the purpo	se of changing its	registere	ed office or re	egistere	ed agent, or bo	oth, in the St	tate of Flo	rida. I ar	n familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registere	id agent and title il appli	cable. (NOTE	Registere	d Agent signature	required t	when roinstating)			DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Financia Trust Fund Contribution.												
i e	•			_	ncing		00 May Be ad to Fees	In accor	rdance v tion did	vith s. 60 not rece	7.193(2)(b) ive the prior	, F.S., the notice.
i e	ue by September 14, 20		Trust Fund Contr	_			d to Fees	corpora	tion did	not rece	77.193(2)(b) ive the prior	notice.
10.	OFFICERS	07	Trust Fund Contr	ibution.			d to Fees	corpora	tion did	not rece	ive the prior	notice.
10. TITLE NAME	OFFICERS P ZAPOTOCKY, BARBARA	07	Trust Fund Contr	11.			d to Fees	corpora	tion did	not rece	IVE the prior	notice.
10.  TITLE  NAME  STREET ADDRESS	OFFICERS P ZAPOTOCKY, BARBARA 1350 HOLLY AVENUE	07 S AND DIRECTOR	Trust Fund Contr	11. TITLE NAM	E ET ADDRESS		d to Fees	corpora	tion did	not rece	IVE the prior	notice.
10.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS P ZAPOTOCKY, BARBARA 1350 HOLLY AVENUE MERRITT ISLAND, FL 329	07 S AND DIRECTOR	Trust Fund Contr	11. TITLE NAME STRE	E ET ADDRESS -ST-ZIP		d to Fees	corpora	tion did	not rece	IVE the prior	notice.  SS IN 11  Addition
10.  TITLE  NAME  STREET ADDRESS	OFFICERS P ZAPOTOCKY, BARBARA 1350 HOLLY AVENUE	07 S AND DIRECTOR	Trust Fund Contr	11. TITLE NAM	E E ET ADDRESS -ST-ZIP		d to Fees	corpora	tion did	not rece	IVE the prior	notice.
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE	OFFICERS P ZAPOTOCKY, BARBARA 1350 HOLLY AVENUE MERRITT ISLAND, FL 329 VP	07 S AND DIRECTOR	Trust Fund Contr	11. TITLE NAME STREE CITY TITLE	E E ET ADDRESS -ST-ZIP		d to Fees	corpora	tion did	not rece	IVE the prior	notice.  SS IN 11  Addition
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12. Thereby 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.

Moz 2, 2007

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