

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-25-2007 90046 003 ***150.00

DOCUMENT # P06000104040 1. Entity Name SURFSIDE REALTY AND COMPANY, INC.					
Principal Place of Business 629 BOUNDARY BLVD. ROTONDA WEST, FL 33947			Mailing Address 629 BOUNDARY BLVD. ROTONDA WEST, FL 33947		
2. Principal Place of Business - No P.O. Box # 1271 Beach Rd		3. Mailing Address 1271 Beach Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Englewood FL		City & State Englewood FL		4. FEI Number 20-5238437	
Zip 34223		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAY, JENNIFER L 629 BOUNDARY BLVD. ROTONDA WEST, FL 33947		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAY, CHARLES H 629 BOUNDARY BLVD. ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAY, JENNIFER L 629 BOUNDARY BLVD. ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2NDV GOOGINS, BARRY 1954 OREGON TR EBGLEWOOD, FL 34224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Charles H. Bray CHARLES H. BRAY 1-22-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					