## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 18, 2004 8:00 am **Secretary of State** DOCUMENT # P93000033844 1. Entity Name 03-18-2004 90027 018 \*\*\*150.00 SURREY SOLUTIONS, INC. Principal Place of Business Mailing Address 322 CORNELL DRIVE DAYTONA BEACH FL 32118 322 CORNELL DRIVE DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address POBOx 741724 2719 Cranbrook Dr Suite, Apt. #, etc. CR2E034 (11/03) Boynton City & State 4. FEI Number Applied For 59-3196243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired U3 (4 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HABERMAN, JOSEPH C 322 CORNELL DR. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 CinBounton Beach 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE SURREY, EILEEN B NAME 2719 Cranbrook Or Boynton Beach, FL 33436 STREET ADDRESS 322 CORNELL DRIVE STREET ADDRESS DAYTONA BEACH FL CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition SURREY, DAVID H NAME NAME 2719 Cranbrook Dr 322 CORNELL DR STREET ADDRESS STREET ADDRESS Boynton Beach, FL 33436 DAYTONA BCH FL CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME HABERMAN, JOSEPH C NAME 2335 Cranbrook Or STREET ADDRESS 322 CORNELL DR STREET ADDRESS CITY-ST-ZIP DAYTONA BCH FL CITY-ST-ZIP Boynton Beach FL TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED