2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # P96000056839 1. Entity Name SURFSIDE YACHT SERVICES, INC. Principal Place of Business Mailing Address 2820 ALLEN HILL AVE 650 KENWOOD COURT MELBOURNE FL 32940 SATELLITE BEACH FL 32937 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FE<sup>1</sup> Number Applied For 59-3438080 Not Applicable Ζιp Country Z·ρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHELL, GEORGE ROBERT JR. Street Address (P.O. Box Number is Not Acceptable) 650 KENWOOD COURT SATELLITE BEACH FL 32937 City 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 Floriday I am familiar with, and accept the obligations of register SIGNATURE Signature, typed or microdination of recisimed agent and the it applicable fNOTE Registured Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 117: F Defete TITLE Change Addition NAME SCHELL, GEORGE ROBERT JR. NAME 650 KENWOOD COURT STREET ADDRESS STREET ADORESS CHY SI-ZIP SATELLITE BEACH FL 32937 City-St-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-715 CITY - ST - 7IP 017 ISO TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STHEET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE Deiete THEF Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TILE ☐ Deiete TITLE ☐ Change ☐ Addition NAME MAINE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IF TIT: F ☐ Detele TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.