


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000010104</b> 1. Entity Name <b>SURF EXPRESS INC</b>	
---	---

Principal Place of Business <b>939 CENTRAL PARKWAY STUART, FL 34994</b>	Mailing Address <b>939 CENTRAL PARKWAY STUART, FL 34994</b>
--	--

**DO NOT WRITE IN THIS SPACE**

02222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0895079**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**MOLINE, BARBI  
939 CENTRAL PARKWAY  
STUART, FL 34994**

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLINE, BARBI 939 CENTRAL PARKWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLINE, DOUGLAS W 939 CENTRAL PARKWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MOLINE, BARBIE 939 CENTRAL PARKWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000695786  
04/17/07-80074-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Barbi Moline 4/1/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #