2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010688

Entity Name: SURF HIGH INN MOTEL, INC.

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

21020 S. LAKEVIEW DRIVE 22209 FOX GLEN TRACE

PANAMA CITY BEACH, FL 32413 US PANAMA CITY BEACH, FL 32413 US

Current Mailing Address: New Mailing Address:

PO BOX 9975

PANAMA CITY BCH, FL 32417

FEI Number: 59-3557762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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OAKES, TRACY OAKES, TRACY R 21020 S LAKEVIEW DRIVE 22209 FOX GLEN TRACE

PANAMA CITY BEACH, FL 32413 US PANAMA CITY BEACH, FL 32413 US

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.

SIGNATURE: TRACY R. OAKES 01/04/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 OAKES, JASON P
 Name:
 OAKES, JASON P

 Address:
 21020 S LAKEVIEW DRIVE
 Address:
 22209 FOX GLEN TRACE

 City-St-Zip:
 PANAMA CITY BEACH, FL 32413
 City-St-Zip:
 PANAMA CITY BEACH, FL 32413

Title: V () Delete Title: V (X) Change () Addition

 Name:
 OAKES, TRACY R
 Name:
 OAKES, TRACY R

 Address:
 21020 S. LAKEVIEW DR
 Address:
 22209 FOX GLEN TRACE

 City-St-Zip:
 PANAMA CITY, FL 32413
 City-St-Zip:
 PANAMA CITY BEACH, FL 32413

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY R. OAKES VP 01/04/2006