

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90003 027 ***158.75

DOCUMENT # P99000067250

1. Entity Name

SURFACE MANAGEMENT CORPORATION



Principal Place of Business

**13617 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

Mailing Address

**13617 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

54068024



MOORE

CR2E034 (4/04)

2. Principal Place of Business

11302 New Berlin Rd
Suite, Apt. #, etc.

3. Mailing Address

11302 New Berlin Rd
Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3597659

Applied For

Not Applicable

Zip

32226

Country

USA

Zip

32226

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAKE, FREDERICK L
13617 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name **Jeff Swatowski**

Street Address (P.O. Box Number is Not Acceptable)
1868 Arden Way

City **Jacksonville Beach**

FL

Zip Code **32250**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SWATKOWSKI, JEFF**
STREET ADDRESS **1868 ARDEN WAY**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☒ Delete
NAME **DAKE, FREDERICK**
STREET ADDRESS **1335 WINDSOR HARBOR DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/04

904-751-1587

Date

Daytime Phone #