


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90003 009 ***150.00

DOCUMENT # P99000104643	
1. Entity Name SHAGGS SURF & SPORT, INC.	

Principal Place of Business 2 WAVECREST AVENUE INDIALANTIC, FL 32903	Mailing Address 2 WAVECREST AVENUE INDIALANTIC, FL 32903
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54057342

2. Principal Place of Business 2 Wavecrest Ave Suite, Apt. #, etc.	3. Mailing Address 2 Wavecrest Ave Suite, Apt. #, etc.
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03082003 Chg-P CR2E034 (10/03)

City & State Indialantic, FL	City & State Indialantic, FL
Zip 32903	Country Brevard

4. FEI Number 59-3653080	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOREL, KARIN V 2 WAVECREST AVENUE INDIALANTIC, FL 32903	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE X Karin V Morel <small>Signature, typed or printed name of registered agent, and title if applicable.</small>	DATE 6/11/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOREL, KARIN V 2 WAVECREST AVE INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOREL, RICHARD 2 WAVECREST AVE INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS COMBS, LEON C 2 WAVECREST AVE INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.	
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SIGNATURE: X Karin V Morel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 6/11/04 <small>Daytime Phone #</small>
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321-727-9400

Attachment

54057342



Division of Corporations

Annual Report

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Business Entity Name

SHAGGS SURF & SPORT, INC.

FEL Number

593653080

FEL Number Status ☐ Applied For ☒ Not-Applicable ☐ CurrentCertificate of Status Desired ☒ Yes ☐ No

Principal Place of Business

Address

2 WAVECREST AVENUE

Suite, Apt. #, etc.

City, State

INDIALANTIC

FL

Zip Code & Country

32903

Mailing Address

Address

2 WAVECREST AVENUE

Suite, Apt. #, etc.

City, State

INDIALANTIC

FL

Zip Code & Country

32903

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MOREL

KARIN

V

-or- RA Business Name

Address

2 WAVECREST AVENUE

Suite, Apt. #, etc.

City, State

INDIALANTIC

FL

Zip Code & Country

32903

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Attachment

Registered Agent Signature

Kimorel

57057342

#P9900004643

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