2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

	ANNUAL	REPORT			Secreta	ary of S	tate	
DOCUMENT # P99000104643					06-14-2004	90003 009 ***1	50.00	
1. Entity Name SHAGGS SURF & SPORT, INC.								
SIIAGGS	SURF & SPURT, INC.							
Birrie I Str		A Liver A Live	- CONT		_			
Principal Plac 2 WAVECRES	t control of the cont	Mailing Address 2 WAVECREST AVENUE		•	1	54057342		
INDIALANTIC		INDIALANTIC, FL 32903		Ì				
							1887 () (88)	
	lace of Business	3. Mailing Address						
Suite, Apt.	vecrest Ave	Suite, Apt. #, etc.	nest Au	03082003	Cha D	CR2E034 (10/03)		
0: 00:		00			Chg-P	·	# 15 ·	
Trol A	lautic Fl	City & State Tudialant	icaFl	4. FEI Numb			plied For t Applicable	
Zip 7 1	Country	Zip	Courtry	5. Certificati	e of Status Desired	□ \$8.75 Add		
J 🗸	903 Bus value 6. Name and Address of Current	Begistered Agent	Buevan	ر ا 7. Name an	d Address of New Re	Fee Required		
MOREL	ADINIV		Name					
	REST AVENUE	سرائن المعادية المعاد	Street Add	dress (P.O: Box Numb	per is Not Acceptable)	To sever therefore it is a second	Çı1045 -	
INDIALAN	TIC, FL 32903		<u> </u>					
			City		FL Zip Code			
8. The above	named entity submits this statement for	or the purpose of changing its re-	gistered office or r	registered agent, or b	oth, in the State of Flori		and accept	
	ions of registered agent.	11	^	, -	,	1. 1.		
SIGNATURE	Signature, typed of printed name of registered agent	authority and (NOTE: 8)	GCZell	e required when reinstating)	6	11/04	/	
-	IL	, voice	All the level of the second	p required with the state of the		1.774 10		
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	 Election Campaign Trust Fund Contrib 		\$5.00 May Be Added to Fees	In accordance wi	ith s. 607.193(2)(b), lot receive the prior r	F.S., the	
		DIRECTORS	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	<u> </u>			
10.	PD OFFICERS AND	Delete	TITLE	ADDITIONS	S/CHANGES TO OFFIC	DERS AND DIRECTORS Charige	Addition	
NAME	MOREL, KARIN V		NAME				_	
STREET ADDRESS	2 WAVECREST AVE INDIALANTIC, FL 32903		STREET ADDRESS CITY-ST-ZIP					
TITLE	V .	Delete	TITLE	<u></u>		☐ Change	Addition	
NAME	MOREL, RICHARD	- Delete	NAME					
STREET ADDRESS	2 WAVECREST AVE		STREET ADDRESS					
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP					
TITLE NAME	TS COMBS, LEON C	Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	2 WAVECREST AVE		STREET ADDRESS					
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP					
TITLE		Delete	TITLE	and the second s	· · · • · · · · · · · · · · · · · · · ·	Change	Addition .	
NAME	<u></u>		NAME					
STREET ADDRESS	(STREET ADDRESS CITY-ST-ZIP					
TITLE		□ Delete	TITLE		<u></u>	Change		
NAME	; a	CT Desete	NAME			LJ Vivings		
STREET ADDRESS	*		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	Į.	☐ Delete	TITLE NAME			☐ Change	Addition	
NAME STREET ADDRESS			STREET ADDRESS					

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

JANUAR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$ 1164 321-727-840

Division of Corporations			
Division of Corporations	T-1		
DIVISION OF COLDORADORS	1 11371C1AR	AT L ATT	AFRICANC
	* I A I DI CHI	or Corb	OLGHOID

Machinent

Page 1 of 2

54057342



Division of Corporations

Annual Report

Page 1

Document Number
P99000104643
Business Entity Name
SHAGGS SURF & SPORT, INC.

, reine		5936530						
	mber Status			gaA-now-6	plicable	O -Cun	rent	- · · · -
Certific — +	ate of Status Desire	d 🕲 Yes	O No	سيدفن مغيضتي سيواد	ه. شد شي د شد		والمحرب لجاوجتهان تثامنن	
•		pal Plac	20 of B	usiness			N	;
A	ddress	2 WAVEC	REST AVE	ENUE				
j s	uite, Apt. #, etc.							
	ity, State	INDIALAN	TIC		FL	,		
	ip Code & Country	32903						
1	•							
¥		Mailing				and the same of th		
i A	dáress	2 WAVEC	REST AVE	ENUE	******			
8	vite, Apt. #, etc.		agend Mh. Levis	- the second				
	ity, State	INDIALAN	TIC		FL			•
2	ip Code & Country	32903						
			•	- þ .				
.; ; 4) ==-	Name And A		of Reg	istered.	Agen			
Name (Last,	Mrst, Middle, Title	MOREL		KARIN		. V ,		
-01-RA Bus	iness Name					<u> </u>	د. د سعد	ويتحصينيه
Address	2 WAVECREST AVENUE							
Suite, Apt. #	, esc.							
City, State		INDIALAN	ITIC		FL			
Zip Code &	Constry	32903						
j 1873 dolarand A	non4 15 A Via alama	and dispersion	T. A	سائد مرورست غير	tia un una an area e	s lan also ii	Danie a mart	
TI PAPEROIDICE DE L	igeni (RA) is chang	ou, me ne	TAN BU	ar skhe ise	a nani	រល្យាក្រ	AUMISTRICA	

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 emity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

. Division of Corporations Registered Agent Signature	astal Ximorel	chment -	Page 2 of 2 5405734	43				
	Continue Res	Set						
	Start Over							
Sunbiz Home		Public Acces						

