


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90332 043 ***150.00

DOCUMENT # V07179

1. Entity Name
BOB & PAULA'S SURF SHOP, INC.



Principal Place of Business Mailing Address
123 CLUBHOUSE BLVD **350 N CAUSEWAY**
NEW SMYRNA BEACH, FL 32168 US **NEW SMYRNA BEACH, FL 32169 US**

4117 GIRVAN DR

2. Principal Place of Business 3. Mailing Address
~~P.O. Box 51085~~ **4117 GIRVAN DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MYRTLE BEACH, SC **MYRTLE BEACH, SC**
Zip Country Zip Country
29579 **29579** **29579**



04132006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BELOTE, CHARLES L
350 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169

4. FEI Number Applied For
59-3126697 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, PAULA	
STREET ADDRESS	123 CLUBHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRANDT, ROBERT C.	
STREET ADDRESS	123 CLUBHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 51085 4117 GIRVAN DR	
CITY-ST-ZIP	MYRTLE BEACH SC 29579	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 51085 4117 GIRVAN DR	
CITY-ST-ZIP	MYRTLE BEACH SC 29579	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert C Brandt **ROBERT C. BRANDT** **TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-27-06** Daytime Phone #: **973 600-3070**