


**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**

**54057342**



2. Principal Place of Business  
**2 Wavecrest Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2 Wavecrest Ave**  
 Suite, Apt. #, etc.

03082003 Chg-P CR2E034 (10/03)

City & State  
**Indialantic, FL**

City & State  
**Indialantic, FL**

Zip  
**32903**

Country  
**Brevard**

Zip  
**32903**

Country  
**Brevard**

4. FEI Number  
**59-3653080**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MOREL, KARIN V  
 2 WAVECREST AVENUE  
 INDIALANTIC, FL 32903**

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: *[Signature]* **6/11/04**

Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOREL, KARIN V	
STREET ADDRESS	2 WAVECREST AVE	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOREL, RICHARD	
STREET ADDRESS	2 WAVECREST AVE	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	COMBS, LEON C	
STREET ADDRESS	2 WAVECREST AVE	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
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 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	
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	
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 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.

SIGNATURE: *[Signature]* **6/11/04 321-727-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Attachment*

54057342



Division of Corporations

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Business Entity Name

SHAGGS SURF & SPORT, INC.

FBI Number

593653080

FBI Number Status  Applied For  Not-Applicable  Current

Certificate 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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