


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90158 039 \*\*\*150.00

**DOCUMENT # 231260**

1. Entity Name  
 BLUE OCEAN LODGE, INC.



Principal Place of Business  
 5001 N OCEAN BLVD  
 BOYNTON BCH, FL 33435

Mailing Address  
 5001 N OCEAN BLVD  
 BOYNTON BCH, FL 33435

**50024411**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01052005 Chg-P CR2E034 (10/03)

4. FBI Number  
 59-0965259

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 MADSEN, FRED C.  
 5001 N OCEAN BLVD  
 BOYNTON BEACH, FL 33435

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]* TREAS. DATE: 3-8-05

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

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAFTER, ALBERT 5001 N. OCEAN BLVD. BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D MCGINNIS, KAREN 5001 N OCEAN BLVD BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LE CHARD, JOHN 5001 N OCEAN BLVD BOYNTON BCH, FL 00000, <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	D EICK, WILSON 5001 N. OCEAN BLVD. BOYNTON BEACH, FL 33435 <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	SD PUMO, DAVID 5001 N. OCEAN BLVD. BOYNTON BEACH, FL 33435 <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	D ANDRES, WALTER 5001 N OCEAN BLVD BOYNTON BEACH, FL 33435 <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	DVP RIDDERING, ALLEN 5001 N OCEAN BLVD. BOYNTON BEACH, FL 33435 <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, without other the empowered.

SIGNATURE: *[Signature]* TREAS. 3/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date