

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90368 018 ***150.00

DOCUMENT # 231260
 1. Entity Name
BLUE OCEAN LODGE, INC.



Principal Place of Business Mailing Address
5001 N OCEAN BLVD **5001 N OCEAN BLVD**
BOYNTON BCH FL 33435 **BOYNTON BCH FL 33435**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-0965259 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
EICK, WILSON S.
 Street Address (P.O. Box Number is Not Acceptable)
26 DOUGLAS DR.
 City State Zip Code
BOYNTON BEACH FL 33435

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]* **WILSON S. EICK** DATE **3-17-06**

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	RAFTER, ALBERT	
STREET ADDRESS	5001 N. OCEAN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LE CHARD, JOHN	
STREET ADDRESS	5001 N OCEAN BLVD	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	EICK, WILSON	
STREET ADDRESS	5001 N OCEAN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PUMO, DAVID	
STREET ADDRESS	5001 N. OCEAN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRES, WALTER	
STREET ADDRESS	5001 N OCEAN BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RIDDERING, ALLEN	
STREET ADDRESS	5001 N OCEAN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN MCGINNIS	
STREET ADDRESS	5001 N. OCEAN BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICK, WILSON S.	
STREET ADDRESS	26 DOUGLAS DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
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 Section 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 *[Signature]* **JOHN LECHARD** DATE **3-17-06** DAYTIME PHONE # **(561) 278-9786**