
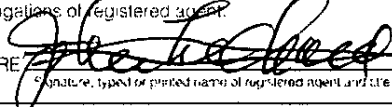



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 231260</b>					
1. Entity Name <b>BLUE OCEAN LODGE, INC.</b>					
Principal Place of Business <b>5001 N OCEAN BLVD BOYNTON BCH FL 33435</b>		Mailing Address <b>5001 N OCEAN BLVD BOYNTON BCH FL 33435</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0965259</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>EICK, WILSON S 26 DOUGLAS DR BOYNTON BEACH FL 33435</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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		DATE	
				1-28-08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>RAFTER, ALBERT</b>	NAME			
STREET ADDRESS	<b>5001 N. OCEAN BLVD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LE CHARD, JOHN</b>	NAME			
STREET ADDRESS	<b>5001 N OCEAN BLVD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BCH, FL 00000</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>EICK, WILSON S</b>	NAME			
STREET ADDRESS	<b>26 DOUGLAS DR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PUMO, DAVID</b>	NAME			
STREET ADDRESS	<b>5001 N. OCEAN BLVD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ANDRES, WALTER</b>	NAME			
STREET ADDRESS	<b>5001 N OCEAN BLVD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>RIDDERING, ALLEN</b>	NAME			
STREET ADDRESS	<b>5001 N OCEAN BLVD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	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 another like empowered.

**SIGNATURE:**  **JOHN LECHARD** 1-28-08 (732) 892-3389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year