


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90238 001 \*1,350.00

DOCUMENT # 358209			
1. Entity Name 6855 N OCEAN BOULEVARD INC <i>Apt</i>			
Principal Place of Business 6855 N OCEAN BLVD BOYNTON BEACH, FL 33435		Mailing Address 6855 N OCEAN BLVD BOYNTON BEACH, FL 33435	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02232004		Chg-P	
02232004		CR2E034 (10/03)	
4. FEI Number 59-1316952		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FARR, MARY LOU 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435		Name <i>HARRISON CAROL GENERAL MANAGER</i> Street Address (P.O. Box Number is Not Acceptable) <i>Ocean Ridge Management, Inc.</i> <i>6849 North Ocean Blvd.</i> <i>Ocean Ridge, FL 33435</i> City <i>FL</i> 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 <i>Carol Harrison</i> <i>CAROL HARRISON GENERAL MANAGER</i> <i>OCEAN RIDGE MANAGEMENT, INC.</i> <i>4-23-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARKER, GEORGE 6849 N. OCEAN BLVD OCEAN RIDGE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MEADE, CURTIS 6849 N Ocean Blvd Ocean Ridge, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARR, MARY LOU 6849 N. OCEAN BLVD. OCEAN RIDGE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANDRAS, JOAN 6849 N. Ocean Blvd. Ocean Ridge, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAYLOR, JOHN M 6849 N OCEAN BLVD OCEAN RIDGE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT + DIRECTOR GALT, SANDY (MR.) (SAME AS ABOVE ADDRESS) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AALFS, JOHN 6849 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 RANDS, WILLIAM 6849 N COEAN BLVD OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + DIRECTOR RANDS, WILLIAM + TREASURER (SAME AS ABOVE ADDRESS) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILROY, THEODORE 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435 <input checked="" 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, with all other like empowered.			
SIGNATURE: <i>Joan Andras</i> <i>JOAN ANDRAS</i> <i>SECRETARY</i> <i>6849 North Ocean Blvd.</i> <i>Ocean Ridge, FL 33435</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



STAMP

*6849 North Ocean Blvd.*  
*Ocean Ridge, FL 33435*  
*6770*