

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90217 001 ***300.00

DOCUMENT # J43743

1. Entity Name
OCEAN PROPERTIES & MANAGEMENT, INC.



Principal Place of Business
**3508 S ATLANTIC BLVD
NEW SMYRNA BCH, FL 32169 US**

Mailing Address
**3506 S ATLANTIC AVE
NEW SMYRNA BCH, FL 32169 US**

66004004



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2757295

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROE, WILLIAM E.
3506 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32069**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV ROE, WILLIAM E. 5501 S ATLANTIC AVE. NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROE, KATHLEEN 5501 S ATLANTIC AVE. NEW SMYRNA BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: William E Roe 2-21-06(386)428-0975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #