


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 08:00 AM
Secretary of State

Pd 13

DOCUMENT # K35335 1. Entity Name 5111 OCEAN BOULEVARD, INC.	
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Principal Place of Business 5111 OCEAN BLVD. SARASOTA FL 34242 US	Mailing Address 5111 OCEAN BLVD C SARASOTA FL 34242
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2. Principal Place of Business Suite, Apt. #, etc	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0075253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HYMAN, ROSALIND S 5111 OCEAN BLVD. STE. C SARASOTA FL 34242	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP MCGILICUDDY, DENNIS J. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5111 OCEAN BLVD	NAME	U00000086670
STREET ADDRESS	SARASOTA FL	STREET ADDRESS	02/26/04-80024-023 150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVP MCVOY, D. STEVEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5111 OCEAN BLVD	NAME	
STREET ADDRESS	SARASOTA FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT SILVERSTEIN, BARRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5111 OCEAN BLVD	NAME	
STREET ADDRESS	SARASOTA FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S HYMAN, ROSALIND S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5111 OCEAN BLVD	NAME	
STREET ADDRESS	SARASOTA FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dennis J. McGillicuddy 941-349-2770 ext 229
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____