


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # K35335
 1. Entity Name
 5111 OCEAN BOULEVARD, INC.



Principal Place of Business: 5111 OCEAN BLVD. SARASOTA, FL 34242 US
 Mailing Address: 5111 OCEAN BLVD C SARASOTA, FL 34242



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0075253 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HYMAN, ROSALIND S
 5111 OCEAN BLVD. STE. C
 SARASOTA, FL 34242

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6. 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, 2006 Fee will be \$550.00

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

11110000479906
 04/10/06-80023-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGILLICUDDY, DENNIS J. 5111 OCEAN BLVD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCVOY, D. STEVEN 5111 OCEAN BLVD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SILVERSTEIN, BARRY 5111 OCEAN BLVD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HYMAN, ROSALIND S 5111 OCEAN BLVD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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  ROSALINDS HYMAN 3/7/06 941-345-2770 X227
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #