


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0075253	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 HYMAN, ROSALIND S 5111 OCEAN BLVD. STE. C SARASOTA, FL 34242	<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p>
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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 _____
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, 2007 Fee will be \$550.00	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	
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	

U00000733219
 05/09/07-80077-007 150.00

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: Rosalind S. Hyman 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/18/07 941-245-2270x222
Daytime Phone #