2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State
02-09-2006 90039 034 ***150.00

DOCUMENT # P04000093202

1. Entity Name
OCEAN GALLEY OF DUBLIN, INC.

Principal Place of Business	Mailing Address
2103 VETERANS BLVD, #17 DUBLIN, GA 31021	2103 VETERANS BLVD, #17 DUBLIN, GA 31021

01162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		403 Staghorn Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Statesboro, GA 30461	
Zip	Country	Zip	Country: US

4. FEI Number: 20-1318982 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEEK, DAVID H 1301 RIVERPLACE BLVD STE 1609 JACKSONVILLE, FL 32207	Name: Todd Watson, Attorney at Law Street Address (P.O. Box Number is Not Acceptable): 7785 Baymeadows Way, Suite 107 City: Jacksonville FL Zip Code: 32256

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] Attny at Law 1/17/06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, MICHAEL D 3807 EDGEWOOD DR JACKSONVILLE, FL 32254	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Michael D. Griffin 3807 Edgewood Dr Jacksonville, FL 32254	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Wayne Sircy 403 Staghorn Court Statesboro, GA 30461	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Wayne Sircy 2-6-06 912-587-7916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #