


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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ANNUAL REPORT FILED

Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000129968
1. Entity Name
OCEANAIR COMPOSITES, INC.



Principal Place of Business Mailing Address
4055 7TH TERRACE SOUTH 4055 7TH TERRACE SOUTH
ST. PETERSBURG, FL 33711 US ST. PETERSBURG, FL 33711 US

DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-3523549 Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, DOUGLAS G
4055 7TH TERRACE SOUTH
ST. PETERSBURG, FL 33711

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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BARBER, DOUGLAS G
STREET ADDRESS	5293 24TH TERRACE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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04/26/07-80057-019 150.00

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: *Douglas G. Barber* **DOUGLAS G. BARBER** 4/12/07 727-327-4848

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #