

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000065976	
1. Entity Name OCEAN OUTBOARDS, INC.	

Principal Place of Business 1220 W. INDUSTRIAL AVE BAY #7 BOYNTON BEACH, FL 33426	Mailing Address 1220 W. INDUSTRIAL AVE BAY #7 BOYNTON BEACH, FL 33426
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07092004 No Chg-P CF2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0773558	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRIDDLE, ROBERT G 1220 W. INDUSTRIAL AVE BAY 7 BOYNTON BEACH, FL 33426
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**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 _____ DATE _____
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when terminating)**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIDDLE, ROBERT G 1220 W. INDUSTRIAL AVE - BAY 7 BOYNTON BEACH, FL 33426
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1100000165580
07/12/04-80018-017 150.00**DO NOT WRITE
IN THIS SPACE****Sign Here**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

7-9-04

Date

Daytime Phone #