


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90273 019 ***150.00

DOCUMENT # S94364
 1. Entity Name
OCEANSIDE BEACH SERVICE, INC.



Principal Place of Business Mailing Address
 1165 E. BLUE HARBOR BLVD 1165 E. BLUE HARBOR BLVD
 SINGER ISLAND FL 33404 SINGER ISLAND FL 33404
 US

2. Principal Place of Business 3. Mailing Address
2323 LAKE DRIVE *2323 LAKE DRIVE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Singer Island FL *Singer Island FL*
 Zip Country Zip Country
33404 *Palm Beach* *33404* *Palm Beach*

4. FEI Number Applied For
65-0296488 Not Applicable

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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
NOVATKA, VANESSA
136 LINDA LAND
PALM BEACH SHORES FL 33404

7. Name and Address of New Registered Agent
 Name *MICHAEL NOVATKA*
 Street Address (P.O. Box Number is Not Acceptable)
2323 LAKE DRIVE
 City *Singer Island* FL Zip Code *33404*

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]* DATE *5/24/05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	NOVATKA, MICHAEL	
STREET ADDRESS	136 LINDA LN	
CITY-ST-ZIP	PALM BCH SHORES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOVATKA, VANESSA	
STREET ADDRESS	136 LINDA LANE	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME	<i>Sean Payne</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Sean Payne (V. PRES)</i>	
STREET ADDRESS	<i>2323 LAKE DRIVE</i>	
CITY-ST-ZIP	<i>Singer Island FL 33404</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

(V. PRES)
561 222 2547
4/26/05 *501-644*
1940
Date Daytime Phone #