

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90238 001 *1,350.00

DOCUMENT # 284954

1. Entity Name
THE OCEAN MEWS, INC.



Principal Place of Business
**6845 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435**

Mailing Address
**6845 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435**

00410009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1114821

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FARR, LOU MARY
6849 N OCEAN BLVD
OCEAN RIDGE, FL 33435**

7. Name and Address of New Registered Agent

Name
HARRISON, CAROL GENERAL MANAGER
Street Address (R.O. Box Number is Not Acceptable)
**OCEAN RIDGE MANAGEMENT INC.,
6849 N OCEAN BLVD.
OCEAN RIDGE FL 33435**

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 **CAROL HARRISON GENERAL MANAGER 4-23-04**
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. MCKINNEY, JOHN 6849 N OCEAN BLVD BOYNTON BEACH, FL 33435 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT RUSSELL, B P 6849 N OCEAN BLVD OCEAN RIDGE, FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POWERS, ROGERS MRS. 6845 N. OCEAN BLVD OCEAN RIDGE, FL 33435 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AST FARR, MARY LOU 6849 N. OCEAN BLVD OCEAN RIDGE, FL 33435 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOOVER, THOMAS DR 6845 N. OCEAN BLVD. OCEAN RIDGE, FL 33435 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR OFFRAY, CLAUDE (MRS.) 6849 N. OCEAN BLVD. OCEAN RIDGE FL 33435 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT+DIRECTOR MCKINNEY, JOHN 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE-PRESIDENT+DIRECTOR POWERS, ROGER (MR.) 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY HARRISON CAROL 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **CAROL HARRISON GENERAL MANAGER 4-23-04 561-737-6770**
Signature and typed or printed name of signing officer or director Date Daytime Phone #
OCEAN RIDGE MANAGEMENT, INC.