

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90243 001 *1,350.00

66010277



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1114821	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRISON, CAROL GM
OCEAN RIDGE MANAGEMENT INC.
6849 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435

**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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<i>Pres Mr. Roger Power</i>
NAME	MCKINNEY, JOHN	<i>Direct.</i>
STREET ADDRESS	6849 N OCEAN BLVD	<i>6845</i>
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
TITLE	DT	
NAME	RUSSELL, B P	<i>6845</i>
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL	
TITLE	D	<i>Mr Brian Fitzgerald</i>
NAME	POWERS, ROGERS, MRS	<i>6845</i>
STREET ADDRESS	6849 N. OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
TITLE	S	
NAME	HARRISON, CAROL	<i>6855</i>
STREET ADDRESS	6849 N. OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
TITLE	D	
NAME	OFFRAY, CLAUDE MRS.	<i>6845</i>
STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
TITLE	VPD	<i>Mrs Judy Hoover</i>
NAME	POWERS, ROGER MR.	<i>6845</i>
STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

Date

561-737-6770

Daytime Phone #