


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 # 297685 1. Entity Name THE OCEAN MAISONETTES, INC.					
Principal Place of Business 6880 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435			Mailing Address 6880 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1285917	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARR, MARY LOU 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435			7. Name and Address of New Registered Agent Name HARRISON CAROL GENERAL MANAGER Street Address (P.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. OCEAN RIDGE MANAGEMENT, INC. SIGNATURE: HARRISON CAROL HARRISON GENERAL MANAGER DATE: 4-23-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR, HAILAND G 6849 N. OCEAN BLVD. OCEAN RIDGE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR & VICE PRESIDENT McELROY, GEORGE 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BEAN, BOURNE 6849 N. OCEAN BLVD OCEAN RIDGE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FERRIS, DAKIN (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	S FARR, MARY LOU 6849 N OCEAN BLVD OCEAN RIDGE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANDRAS, JOAN 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUDSON, GILBERT 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WYDMAN, MARY 6849 N OCEAN BLVD OCEAN RIDGE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMPSON, CHARLES 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	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: Joan Andras JOAN ANDRAS, SECRETARY DATE: 4-23-04 561-737-6770 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					