



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 # 328138 1. Entity Name MAISONETTES SOUTH INC					
Principal Place of Business 6849 N. OCEAN BLVD OCEAN RIDGE, FL 33435			Mailing Address 6849 N. OCEAN BLVD OCEAN RIDGE, FL 33435		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1286294	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> 02232004 Chg-P CR2E034 (10/03)  </div>					
6. Name and Address of Current Registered Agent FARR, MARY LOU 6849 NORTH 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. SIGNATURE: Carol Harrison 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 GRABNER, GEORGE 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	DP BOARDMAN, WILLIAM 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	DP FRANK, C E MRS 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK, CLINTON (MRS) 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANDEN, JOHN L 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	SAT FARR, MARY LOU 6849 N OCEAN BLVD OCEAN RIDGE, FL 00000,	<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	D WHEELER, HENRY 6849 N OCEAN BLVD OCEAN RIDGE, FL 00000,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT & DIRECTOR WHEELER, HENRY 6849 N OCEAN BLVD. OCEAN RIDGE FL 33435 <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 DATE: 4-23-04 DAYTIME PHONE: 561-737-6770 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
SECRETARY OCEAN RIDGE MANAGEMENT, INC.					