

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-15-2005 90243 001 *1,350.00

66010274



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1286294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	D
NAME	GRABNER, GEORGE
STREET ADDRESS	6849 N OCEAN BLVD 6830
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	DP
NAME	BOARDMAN, WILLIAM
STREET ADDRESS	6849 N OCEAN BLVD 6830
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D
NAME	FRANK, CLINTON MRS.
STREET ADDRESS	6849 N OCEAN BLVD 6830
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	DT
NAME	LANDEN, JOHN L
STREET ADDRESS	6849 N OCEAN BLVD 6830
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	S
NAME	ANDRAS, JOAN Carol Harrison
STREET ADDRESS	6849 N OCEAN BLVD 6835
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	VPD
NAME	WHEELER, HENRY
STREET ADDRESS	6849 N OCEAN BLVD 6830
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: Carol Harrison 4/13/05 561-737-6770
Signature and typed or printed name of signing officer or director Date Daytime Phone #