

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-15-2005 90243 001 *1,350.00

66010275



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1285956	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	S
NAME	ANDRAS, JOAN Carol HARRISON
STREET ADDRESS	6849 N OCEAN BLVD 6855
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	VD
NAME	YOUNG, DONALD 6855
STREET ADDRESS	6849 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D
NAME	NOLTE, HENRY 6855
STREET ADDRESS	6849 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE, FL 00000,
TITLE	TD
NAME	DAVID, TOD 6855
STREET ADDRESS	6849 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D
NAME	GRABNER, GEORGE 6855
STREET ADDRESS	6849 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #