

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-15-2005 90243 001 \*1,350.00

**DOCUMENT # 339454**

1. Entity Name  
**6823 CORPORATION**



Principal Place of Business  
**6823 N OCEAN BLVD  
OCEAN RIDGE, FL 33435**

Mailing Address  
**6823 N OCEAN BLVD  
OCEAN RIDGE, FL 33435**

**66010279**



03042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1320328**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**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	<i>Carol HARRISON.</i>
STREET ADDRESS	ANDRAS, JOAN
CITY-ST-ZIP	6849 N OCEAN BLVD. 6823 OCEAN RIDGE, FL 33435
TITLE	PD
NAME	<i>TOD DAVID Louisa Ahlefeldt</i>
STREET ADDRESS	6849 N OCEAN BLVD 6823
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	TD
NAME	<i>VALENTINE, HENRY</i>
STREET ADDRESS	6849 N OCEAN BLVD 6823
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D
NAME	CUTTING, JOHN MRS.
STREET ADDRESS	6849 N OCEAN BLVD 6823
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	VPD
NAME	<i>AHLEFELDT, LOUISE David TOD</i>
STREET ADDRESS	6849 N. OCEAN BLVD 6823
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D
NAME	OLD, JONATHAN
STREET ADDRESS	6849 N OCEAN BLVD 6823
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 #