

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
4/ May 13, 2005 8:00 am
Secretary of State

04-15-2005 90243 001 *1,350.00

DOCUMENT # 358209	
1. Entity Name 6855 N. Ocean Boulevard, Inc.	

Principal Place of Business 6855 N OCEAN BLVD BOYNTON BEACH, FL 33435	Mailing Address 6855 N OCEAN BLVD BOYNTON BEACH, FL 33435
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66016893



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1316952	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRISON, CAROL GM OCEAN RIDGE MANAGEMENT INC. 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435
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**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 reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	D MEADE, CURTIS 6855 0000 N. OCEAN BLVD OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDRAO, JOAN Carol HARRISON 0000 N. OCEAN BLVD. 6855 OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALT, SANDY MR 6855 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AALFS, JOHN 6855 0000 N OCEAN BLVD OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT RANDS, WILLIAM 6855 0000 N OCEAN BLVD OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Mueller 6855 N. Ocean Blvd Ocean Ridge, FL 33435

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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]* **4/13/05** **561-737-677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #