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 # 385800

1. Entity Name
OCEAN RIDGE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435

02232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1361358 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARR, MARY LOU 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	Name HARRISON, CAROL, GEN MGR. Street Address (P.O. Box Number is Not Acceptable) OCEAN RIDGE MGMT. INC. 6849 N. OCEAN BLVD. City OCEAN RIDGE FL Zip Code 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 OCEAN RIDGE MANAGEMENT, INC, CAROL HARRISON, GENERAL MANAGER 4-23-04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP GRABNER, GEORGE 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GRABNER, GEORGE 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FARR, MARY LOU 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 00000,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ANDRAS, JOAN 6849 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HUDSON, GILBERT 6849 N. OCEAN BLVD. OCEAN RIDGE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT + TREASURER HUDSON, GILBERT 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNE, EUGENE 6849 N OCZAN BLVD BOYNTON BEACH, FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MACKECHNIE ANDREW 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVICE PRESIDENT + DIRECTOR MCKINNEY, JOHN 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BOARDMAN, WILLIAM (SAME ADDRESS) DIRECTOR (TITLE) (SAME ADDRESS) RANDS, WILLIAM (NAME)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOLTE, HENRY 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SLINEY, DAVID 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	☐ Change ☒ 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 JOAN ANDRAS 4-23-04 561-737-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SECRETARY
OCEAN RIDGE MANAGEMENT, INC.