


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

<b>DOCUMENT # 385800</b> 1. Entity Name OCEAN RIDGE MANAGEMENT, INC.	
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Principal Place of Business 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	Mailing Address 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435
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**DO NOT WRITE IN THIS SPACE**

**66010281**



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1361358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ✓ GRABNER, GEORGE 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ✓ <del>ANDRAS, JOAN</del> Carol HARRISON 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ✓ HUDSON, GILBERT 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ✓ MACKECHNIE, ANDREW 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <del>MCKINNEY, JOHN</del> Roger Powers 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ✓ NOLTE, HENRY 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435

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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:  **4/13/05** **561-737-6770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #