2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 418573

1. Entity Name
OUT-ISLAND OCEANICS, INC.

Principal Place of Business	Mailing Address
715 SW COCONUT DRIVE FT. LAUDERDALE, FL 33315	% WILLIAM A. WEBB & ASSOCIATES 404 E. ATLANTIC BLVD., STE 200 POMPANO BEACH, FL 33060

01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1506321
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIDWELL, MARTIN C CPA
% WILLIAM A. WEBB & ASSOCIATES
404 E. ATLANTIC BLVD., STE 200
POMPANO BEACH, FL 33060

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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: Daniel R Doyle Pres 28 MAR 06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOYLE, DANIEL R
STREET ADDRESS	715 COCONUT DR. SW
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	ST
NAME	FORD, SUZANNE F
STREET ADDRESS	715 COCONUT DR. SW
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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04/19/06-80052-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Daniel R Doyle Pres 28 MARCH 06 954 522 0167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #