


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90006 009 ***550.00

DOCUMENT # 492239
 1. Entity Name
OCEANSIDE HOLDING CO., INC.



Principal Place of Business Mailing Address
C/O DAVID FRITSMA **C/O DAVID FRITSMA**
824 LYCHEC DRIVE **824 LYCHEC DRIVE**
BAREFOOT BAY, FL 32976 **BAREFOOT BAY, FL 32976**

54067592



2. Principal Place of Business 3. Mailing Address
880 Douglas Street S.E. **880 Douglas Street S.E.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

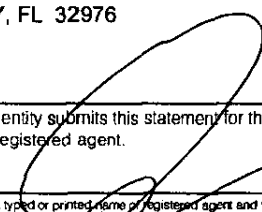
07022004 Chg-P CR2E034 (10/03)

City & State City & State
Palm Bay, FL **Palm Bay, FL**
 Zip Country Zip Country
32909 **USA** **32909** **USA**

4. FEI Number Applied For
59-1717641 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FRITSMA, DAVID A.
824 LYCHEC DRIVE
BAREFOOT BAY, FL 32976

7. Name and Address of New Registered Agent
 Name
J. Patrick Anderson
 Street Address (P.O. Box Number is Not Acceptable)
930 S. Harbor City Boulevard
Suite 505
 City State Zip Code
Melbourne **FL** **32901**

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:  DATE: **8/3/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

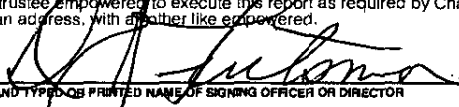
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	FRITSMA, DAVID A.	824 LYCHEE DR	BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/>
VP	FRITSMA, DONALD J.	880 DOUGLAS ST. S.E.	PALM BAY, FL 32909	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P, D				<input type="checkbox"/>	<input type="checkbox"/>
VP	Gerald R. Fritsma	17388 Oak Crest Pkwy, Oak Crest Manor A2	Spring Lake, MI 49456	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S, T	Carol A. Fritsma	17388 Oak Crest Pkwy, Oak Crest Manor #A2	Spring Lake, MI 49456	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 a power like empowered.

SIGNATURE:  **08/03/04** **(321) 258-0081**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #