


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 758263 1. Entity Name NATIONAL WEEK OF THE OCEAN, INC.	
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Principal Place of Business C/O CYNTHIA C. HANCOCK 516 BONTONA AVENUE FT. LAUDERDALE, FL 33301	Mailing Address C/O CYNTHIA C. HANCOCK 516 BONTONA AVENUE FT. LAUDERDALE, FL 33301
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04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2169638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANCOCK, CYNTHIA C. 516 BONTONA AVENUE FT. LAUDERDALE, FL 33301
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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 reinstalling) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	SD KALVAITIS, LEE 2972 RIVERLAND RD FT LAUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DU MONT, DOLPH 1531 SE 13 ST FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANCOCK, DANE R 516 BONTONA AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGLER, MARIE 10039 RAMBLEWOOD DRIVE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSMANN, JOE 200 S. BIRCH RD. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANCOCK, CYNTHIA C 516 BONTONA AVE FT LAUDERDALE, FL

U000000317934
04/20/05-80038-011 61.25

**DO NOT WRITE
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)(f), 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 617, 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: Cynthia Hancock CYNTHIA HANCOCK 4/19/05 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #