

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90290 007 \*\*\*158.75

**DOCUMENT # F01000004863**

1. Entity Name

OCEAN WORKS INTERNATIONAL, INC.



Principal Place of Business

1646 WEST SAM HOUSTON PARKWAY NORTH  
HOUSTON, TX 77043

Mailing Address

1646 WEST SAM HOUSTON PARKWAY NORTH  
HOUSTON, TX 77043

4406130



**DO NOT WRITE IN THIS SPACE**

01092004

No Chg-P

CR2E034 (10/03)

4. FEI Number

76-0623338

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAMSON, JAMES E  
8000 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33405

**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

**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

TITLE	PDS
NAME	JACOBSON, JOHN R
STREET ADDRESS	1646 WEST SAM HOUSTON PARKWAY NORTH
CITY-ST-ZIP	HOUSTON, TX 77043
TITLE	V
NAME	ADAMSON, JAMES E
STREET ADDRESS	8000 SOUTH FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	WILLIAM, Little, Michael E.
STREET ADDRESS	640 Elizabeth Rd
CITY-ST-ZIP	San Antonio, TX 78209
TITLE	D
NAME	TIDWELL, JAMES M
STREET ADDRESS	142 PLANTATION
CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	D
NAME	DEMARS, BRUCE
STREET ADDRESS	2303 WINDSOR ROAD
CITY-ST-ZIP	ALEXANDRIA, VA 22307
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 9, 2004* 713-973-8000  
Date Daytime Phone #