

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90005 044 ***150.00

DOCUMENT # F03000005643

1. Entity Name

OCEAN'S ELEVEN ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~2200 CORPORATE BLVD. NW, STE. 403~~
~~BOCA RATON FL 33431~~

2200 CORPORATE BLVD. NW, STE. 403
BOCA RATON FL 33431

03011401

2. Principal Place of Business

3. Mailing Address

1128 Royal Palm Beach Blvd 2200 Corp Blvd NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

344

403

City & State

City & State

Royal Palm Beach, FL

Boca Raton, FL

Zip

Country

Zip

Country

33411

Palm Beach

33431

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'SHELL, CINNAMIN M
2200 CORPORATE BLVD. NW, STE. 403
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	MENNEFEE, CARLA G	
STREET ADDRESS	1128 ROYAL PALM BEACH BLVD., APT. #344	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

Carla G. Mennefee, President

SIGNATURE:

Carla G. Mennefee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

(561)994-2822

Daytime Phone #