

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90061 039 ***150.00

DOCUMENT # F06000004030

1. Entity Name

OCEAN GOING INCORPORATED



Principal Place of Business

100 SOUTH TREMAIN STREET UNIT D3
MOUNT DORA FL 32757

Mailing Address

100 SOUTH TREMAIN STREET UNIT D3
MOUNT DORA FL 32757



2. Principal Place of Business - No P.O. Box #

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 52-1757249

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, LILLIAN S
100 SOUTH TREMAIN STREET UNIT D3
MOUNT DORA FL 32757

Name

SAME AS CURRENT

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

Lillian S Reynolds

April 21, 2007

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, 2007 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 CPVS ☐ Delete
NAME REYNOLDS, LILLIAN S
STREET ADDRESS 100 SOUTH TREMAIN STREET UNIT D3
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE CPA - TREASURER ☐ Delete
NAME MAMORI, BETTY
STREET ADDRESS 11303 VANCE JACKSON #F-3
CITY-ST-ZIP SAN ANTONIO TX 78230

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SECRETARY ☐ Change ☒ Addition
NAME LILLIAN M. SULLIVAN
STREET ADDRESS 100 SO. TREMAIN ST UNIT D4
CITY-ST-ZIP MT. DORA, FL 32757

TITLE VICE-PRESIDENT ☐ Change ☒ Addition
NAME FRED M REYNOLDS
STREET ADDRESS 100 SO. TREMAIN ST UNIT D-3
CITY-ST-ZIP MT. DORA, FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lillian S Reynolds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/07 cell 352-552-8713

Date

Daytime Phone #