


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90001 033 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # F31178</b><br>1. Entity Name<br>OCEANSIDE YACHT & MARINE SALES, INC. |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br>6899 SW 99TH ST<br>OCALA, FL 34476 | Mailing Address<br>6899 SW 99TH ST<br>OCALA, FL 34476 US<br>7197 WELLINGTON PL<br>WASHINGTON, MI 48094 |
|---|--|

40106942



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2087453 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|---|--|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>NEROS, GEORGE<br>6899 SW 99TH ST<br>OCALA, FL 34476 |
|--|

**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, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

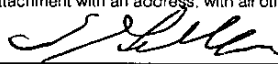
|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>NEROS, GEORGE<br>6899 SW 99TH ST<br>OCALA, FL 34476 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/09

Date

Daytime Phone #