

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90060 013 ***150.00

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01272004 Chg-P CR2E034 (10/03)

DOCUMENT # F36341			
1. Entity Name OCEANTIDE CONSTRUCTION, INC.			
Principal Place of Business 1334 S. KILLIAN DR., #2 LAKE PARK, FL 33403 US		Mailing Address 1334 S. KILLIAN DR., #2 LAKE PARK, FL 33403 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2459103		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEFF, MARK L. 705 IBIS WAY NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1334 S. Killian Drive #2 City Lake Park FL Zip Code 33403	
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: <i>Mark L. Steff</i> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSDT STEFF, MARK L 705 IBIS WAY NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1334 S. Killian Drive #2 Lake Park, FL 33403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Mark L. Steff</i> SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR		4/13/04 561 844 2929 Date Daytime Phone #	