
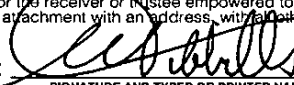


**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # F64865 1. Entity Name OCEAN GROVE RV SALES, INC.					
Principal Place of Business 6775 US 1 SOUTH SAINT AUGUSTINE, FL 32086			Mailing Address 4225 HIGHWAY A1A SOUTH ST AUGUSTINE, FL 32080		
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 59-1969041			
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 EDWARD J. SCHNEIDER 4225 A1A SOUTH ST AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
EDWARD J. SCHNEIDER 4225 A1A SOUTH ST AUGUSTINE, FL 32080			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Amended AR is \$61.25		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	VP TIBBITTS, TOM E 4225 A1A SOUTH ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT P. ROTHENHAUSLER 6775 U.S. 1 SOUTH ST. AUGUSTINE FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY EDWARD J. SCHNEIDER 9277 JULY LANE ST. AUGUSTINE FL 32086	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000059614120 09/14/05--01033--026 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	904-471-3414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8-23-05
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 				Date: 8-23-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 904-471-3414	

FILED
05 SEP -7 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000030 SEP 12 2005



08152005 Chg-P CR2E034 (10/03)