

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

RECEIVED FILED  
 Jan 31, 2005 08:00 AM  
 Secretary of State

05 JAN 27 AM 9:08

BUREAU OF  
 PLANNING, BUDGET AND  
 FINANCIAL SERVICES



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2932709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # F99000004754  
 1. Entity Name  
 OCEAN DESIGN, INC.



Principal Place of Business Mailing Address  
 9 AVIATOR WAY 9 AVIATOR WAY  
 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO READ, MICHAEL 9 AVIATOR WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO BROLUND, ROBERT 9 AVIATOR WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARLOW, STEWART 9 AVIATOR WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HIRSH, AUSTIN L 30 SOUTH WACKER DRIVE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000207638  
 02/01/05-80054-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Brolund ROBERT BROLUND 1/20/05 386-673-3575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR