

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # H36423

1. Entity Name
OCEAN ENTERTAINMENT, INC.



Principal Place of Business
**4950 SOUTH PENINSULAR DRIVE
PONCE INLET, FL 32127**

Mailing Address
**4950 SOUTH PENINSULAR DRIVE
PONCE INLET, FL 32127**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2484162

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAWKINS, DONALD E., ESQUIRE
501 SO. RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114**

**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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHAMMEL, CHARLES J.
STREET ADDRESS 680 FERNCLIFF DR
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE VD
NAME SCHAMMEL, LAURA J
STREET ADDRESS 4950 S PENINSULA DR
CITY-ST-ZIP PONCE INLET, FL

TITLE VD
NAME KNERLER, STACY L
STREET ADDRESS 4950 S PENINSULA DR
CITY-ST-ZIP PONCE INLET, FL

TITLE ST
NAME CULLEN, POLLY
STREET ADDRESS 4950 S. PENINSULA DR.
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000890056
04/22/08-80090-007 150.00

**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:

Polly P. Cullen
Polly P. Cullen

4/8/08

386-767-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #