

ANNUAL REPORT (AR)

DOCUMENT # H76652

1. Entity Name
1326 OCEAN AVENUE REALTY CORPORATION



FILED
Feb 19, 2004 08:00 AM
Secretary of State

Principal Place of Business: 4001 TAMIAMI TR. N. SUITE 250 NAPLES FL 34103-3060 US
Mailing Address: C/O BOND, SCHOENECK & KING P.A. 4001 TAMIAMI TRAIL N., #250 NAPLES FL 34103-3060 US



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number 59-2618234 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
MCMACKIN, F. JOSEPH III
BOND, SCHOENECK & KING, P.A.
4001 TAMIAMI TRAIL NORTH, SUITE #250
NAPLES FL 34103

7. Name and Address of New Registered Agent
Name
Street Address (P O Box Number is Not Acceptable)
City 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD <input type="checkbox"/> Delete
NAME	SPIRO, MARY ANN
STREET ADDRESS	128 VIA NAPOLI
CITY-ST-ZIP	NAPLES FL 34105
TITLE	VST <input type="checkbox"/> Delete
NAME	MCMACKIN, F J
STREET ADDRESS	4001 TAMIAMI TRAIL, N. #250
CITY-ST-ZIP	NAPLES FL 34103
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	UN9000056372
CITY-ST-ZIP	02/19/04-80017-015 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: F. Joseph McMackin III FEB 13 2004 239 652 3914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #