

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90289 018 \*\*\*150.00

**DOCUMENT # K38352**

1. Entity Name  
OCEAN CAFE, CORP.



Principal Place of Business  
1001 E ATLANTIC AVE  
STE 202  
DELRAY BEACH, FL 33483 US

Mailing Address  
1000 MARKET STREET  
BLDG 1  
PORTSMOUTH, NH 03802 US

40070183



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006 Chg-P CR2E034 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRITCHFIELD, RICHARD H  
1745 N CONGRESS AVE.  
BOYNTON BEACH, FL 33426

Name

Street Address (P.O. Box Number is Not Acceptable)

1001 E ATLANTIC AVE, Suite 201

City

Delray Beach

FL

Zip Code

33483

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, 2006 Fee will be \$550.00**

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  
NAME  
DPS  
WALSH, MARK ☐ Delete  
STREET ADDRESS  
1001 E ATLANTIC AVE STE 202  
CITY-ST-ZIP  
DELRAY BEACH, FL 33483

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
T  
WALSH, MARK ☐ Delete  
STREET ADDRESS  
1001 E ATLANTIC AVE STE 202  
CITY-ST-ZIP  
DELRAY BEACH, FL 33483

TITLE  
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☐ Change ☐ Addition  
STREET ADDRESS  
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CITY-ST-ZIP

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:

*Mark Walsh*

*Mark Walsh, Pres 1/26/06*

(561) 225-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #