

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90019 043 \*\*\*150.00

**DOCUMENT # K68104**

1. Entity Name

OCEAN GALLERY PROPERTIES, INC.



Principal Place of Business

4600 A1A SOUTH  
ST AUGUSTINE FL 32080

Mailing Address

4600 A1A SOUTH  
SAINT AUGUSTINE FL 32080



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2982209**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REALI, KENNETH M  
26 FOXHALL LANE  
PALM COAST FL 32137

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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: D  
NAME: BELZ, RAYMOND  
STREET ADDRESS: 5401 LEE AVE  
CITY- ST- ZIP: DOWNERS GROVE IL 60515 ☐ Delete

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

TITLE: VP  
NAME: BURAU, LARRY  
STREET ADDRESS: 7710 LOWER FISHERS ROAD  
CITY- ST- ZIP: VICTOR NY 14564 ☐ Delete

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

TITLE: BTS  
NAME: REALI, KENNETH M  
STREET ADDRESS: 26 FOXHALL LANE  
CITY- ST- ZIP: PALM COAST FL 32137 ☐ Delete

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

TITLE: D  
NAME: WELLS, PAUL  
STREET ADDRESS: 20 SCOTCH MIST WAY  
CITY- ST- ZIP: BALLSTON SPA NY 12020-4443 ☐ Delete

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

TITLE: D  
NAME: KECKEISTEN, GEORGE  
STREET ADDRESS: 53 VILLAGE DEL PRADO CIR  
CITY- ST- ZIP: SAINT AUGUSTINE FL 32080 ☒ Delete

TITLE: ☐ Change ☒ Addition  
NAME: DENNIS JANE  
STREET ADDRESS: 4035 HICKORY FAIRWAY DRIVE  
CITY- ST- ZIP: WOODSTOCK, GA 30188

TITLE: P  
NAME: LONGHEAD, WILLIAM  
STREET ADDRESS: 3288 HIDEAWAY BEAKH DRIVE  
CITY- ST- ZIP: BRIGHTON MI 48116 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kenneth M Real* **KENNETH M REALI 2/28/07 404 471 6623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #