

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92296

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: OCEAN HOSPITALITIES, INC.

## Current Principal Place of Business:

1000 MARKET STREET  
BLDG 1  
PORTSMOUTH, NH 03801 US

## New Principal Place of Business:

## Current Mailing Address:

1000 MARKET STREET  
BLDG 1  
PORTSMOUTH, NH 03801 US

## New Mailing Address:

FEI Number: 65-0166648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRITCHFIELD, RICHARD H.  
1001 E. ATLANTIC AVE  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GREENE, DOUGLAS  
Address: 1000 MARKET STRET BLDG 1  
City-St-Zip: PORTSMOUTH, NH

Title: VT ( ) Delete  
Name: AKRIDGE, DAVID  
Address: 1000 MARKET STREET BLDG 1  
City-St-Zip: PORTSMOUTH, NH

Title: VS ( ) Delete  
Name: WALSH, MICHAEL,  
Address: 1001 E. ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AKRIDGE, DAVID  
Address: 1000 MARKET STRET BLDG 1  
City-St-Zip: PORTSMOUTH, NH

Title: VT (X) Change ( ) Addition  
Name: GREENE, R.J.  
Address: 1000 MARKET STREET BLDG 1  
City-St-Zip: PORTSMOUTH, NH

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID AKRIDGE

P

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date