

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M14339**

1. Entity Name  
OCEAN DEVELOPMENT GROUP, INC.



Principal Place of Business  
920 THIRD AVE  
NEW SMYRNA BEACH, FL 32169-3101 US

Mailing Address  
920 THIRD AVE  
NEW SMYRNA BEACH, FL 32169-3101 US



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2544813

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KOSMAS, JAMES M., ESQ.  
111 LIVE OAK ST  
NEW SMYRNA BEACH, FL 32168

**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 KOSMAS, STEVEN P  
STREET ADDRESS 920 THIRD AVE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 321693101

TITLE DVS  
NAME KOSMAS, ROBERT P  
STREET ADDRESS 920 THIRD AVE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 321693101

TITLE V  
NAME DUFFY, TRUDY  
STREET ADDRESS 920 THIRD AVE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 321693101

TITLE V  
NAME CROFT, J. LANCE  
STREET ADDRESS 920 THIRD AVE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 321693101

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000837267  
03/04/08-80050-007 150.00

**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: Trudy Duffy TRUDY DUFFY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08 386-427-6892

Date

Daytime Phone #