

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90031 029 ***158.75

DOCUMENT # M81623					
1. Entity Name F & G OCEAN VENTURES, INC.					
Principal Place of Business ATTN: JC WEISSMAN 705 27TH AVE., S.W. #5 VERO BEACH FL 32968			Mailing Address ATTN: JC WEISSMAN 705 27TH AVE., S.W. #5 VERO BEACH FL 32968		
2. Principal Place of Business Suite, Apt. #, etc. <i>Unit A</i>			3. Mailing Address Suite, Apt. #, etc. <i>Unit A</i>		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0104827	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WEISSMAN, JOSEPH C 705 27TH AVE., S.W. #5 <i>Unit A</i> VERO BEACH FL 32968			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>[Signature]</i> 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 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 NAME STREET ADDRESS CITY-ST-ZIP	PCD WEISSMAN, JOSEPH C 705 27TH AVE SW #5 VERO BEACH FL 32988	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Unit A</i> ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RIDDLE, MARY L 1761 CYPRES LN VERO BEACH FL 32963	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Pres. Joseph C. Weissman** **3/23/04** **(772) 538-1051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #