

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90270 029 ***150.00

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1. Entity Name

OCEAN RIVER BREEZE, INC.

Principal Place of Business

4 ECHO WOODS WAY
ORMOND BCH FL 32174

Mailing Address

4 ECHO WOODS WAY
ORMOND BCH FL 32174



2. Principal Place of Business

4750 Ridgewood Ave
Suite, Apt. #, etc.

PORT ORANGE, FLORIDA

City & State

32127 Volusia

Zip

Country

3. Mailing Address

4750 South Ridgewood Ave
Suite, Apt. #, etc.

PORT ORANGE, FLORIDA

City & State

32127 Volusia

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3670452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, STEVEN E
4 ECHO WOODS WAY
ORMOND BCH FL 32174

7. Name and Address of New Registered Agent

Name

LAMBERT, STEVEN E

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

4750 South Ridgewood Ave

PORT ORANGE, FLORIDA

32127

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

Steven E Lambert

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

(NOTE: Registered Agent signature required when reinstating)

4-6-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE D ☐ Delete
NAME LAMBERT, STEVEN E
STREET ADDRESS 4 ECHO WOODS WAY
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President - Director ☒ Change ☐ Addition
NAME LAMBERT, STEVEN E
STREET ADDRESS 4750 South Ridgewood Ave
CITY-ST-ZIP PORT ORANGE, Florida 32127

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

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

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

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:

Steven E Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05

Date

386-761-2513

Daytime Phone #