

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90009 015 \*\*\*155.00

**DOCUMENT # P00000106402**

1. Entity Name  
OCEANVIEW AUTOMOTIVE SERVICES, INC.



Principal Place of Business  
1124 DUSKVIEW DRIVE  
MERRITT ISLAND, FL 32952

Mailing Address  
1124 DUSKVIEW DRIVE  
MERRITT ISLAND, FL 32952

54054527



03142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3681453

Applied For  
Not Applicable

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

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

PICCO, HENRY G  
1124 DUSKVIEW DRIVE  
MERRITT ISLAND, FL 32952

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPT  
PICCO, HENRY G  
1124 DUSKVIEW DRIVE  
MERRITT ISLAND, FL 32952

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
PICCO, VICKI L  
1124 DUSKVIEW DRIVE  
MERRITT ISLAND, FL 32952

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Henry Picco Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/04 (321) 459-2896

Attachment

54054527

**Henry G Picco**

1124 Duskview Drive  
Merritt Island, FL. 32952

Fax (321) 777-8869  
Home Phone (321) 459-2896  
Email Picco5boca@aol.com

#P00000106402

May 12, 2004

Florida Department of State  
Uniform Business Report  
Divisions of Corporations  
P.O. Box 1500  
Tallahassee, FL. 32302-1500

Dear Department of State,

I beg your late acceptance of our Uniform Business Report without penalty.  
I was hospitalized and the timely mailing date was over looked.  
Thank you for your consideration in this matter.

Sincerely,

  
Henry G Picco