

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90056 049 ***150.00

DOCUMENT # P01000110451

1. Entity Name
NORTH OCEAN HOLDINGS INCORPORATED



Principal Place of Business
**11606 COLUMBIA PARK DRIVE EAST
JACKSONVILLE, FL 32258**

Mailing Address
**11606 COLUMBIA PARK DRIVE EAST
JACKSONVILLE, FL 32258**

40010000

2. Principal Place of Business
11606 Columbia Park Drive East

Suite, Apt. #, etc.
Suite 2

City & State
Jacksonville, FL

Zip
32258

Country

3. Mailing Address
11606 Columbia Park Drive East

Suite, Apt. #, etc.
Suite 2

City & State
Jacksonville, FL

Zip
32258

Country



03312005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3756188

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DAN MCLAUGHLIN
11606 COLUMBIA PARK DRIVE EAST
JACKSONVILLE, FL 32258**

7. Name and Address of New Registered Agent
John Tucker
Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive Suite 1300
City
Jacksonville FL Zip Code
32202

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 **John Tucker** DATE **3-30-05**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D MUHAMMED AZHAR, ALI 11606 COLUMBIA PARK DRIVE EAST JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCAS, DICKSON S 11606 COLUMBIA PARK DRIVE EAST JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Azhar, Ali M. 9197 Spindletree Way Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres Blancas, Dickson S. 9226 Castlebar Glen Drive Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]** DATE **03/31/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #