

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90083 024 ***150.00

DOCUMENT # P02000018607

1. Entity Name
OCEAN SPORTS, UNLIMITED, INC.



Principal Place of Business
**2060 MAGNOLIA AVE
SOUTH DAYTONA, FL 32119**

Mailing Address
**2060 MAGNOLIA AVE
SOUTH DAYTONA, FL 32119**

40003521



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3471881

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMPSON, SCOTT E
1020 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

Name

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME KUNEL, KERRY
STREET ADDRESS 2060 MAGNOLIA AVE
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE VT ☐ Delete
NAME KUENL, JOE
STREET ADDRESS 2060 MAGNOLIA AVE
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

TITLE S ☒ Delete
NAME DEBLOOM, MIKE
STREET ADDRESS 781 ASPEN DRIVE
CITY-ST-ZIP DAYTONA BEACH, FL 32119

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 ☒ Change ☐ Addition
NAME KUEHL, KERRY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME KUEHL, JOE
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-06

384 784-5559