

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000025904

1. Entity Name
OCEANIQUE DEVELOPMENT COMPANY, INC.



Principal Place of Business

**925 NORTH COURTNEY PARKWAY
MERRITT ISLAND, FL 32953**

Mailing Address

**925 NORTH COURTNEY PARKWAY
MERRITT ISLAND, FL 32953**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2296807

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NOHRR, PHILIP F
1800 WEST HIBISCUS BLVD., SUITE 138
MELBOURNE, FL 32902**

**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

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, 2008 Fee will be \$550.00**

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

**U00000786973
01/17/08-80064-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KODSI, MAURICE
STREET ADDRESS	POST OFFICE BOX 320637
CITY-ST-ZIP	COCOA BEACH, FL 329320637
TITLE	VPSD
NAME	KODSI, ROBERT
STREET ADDRESS	POST OFFICE BOX 320637
CITY-ST-ZIP	COCOA BEACH, FL 329320637
TITLE	VP
NAME	KODSI, MICHAEL
STREET ADDRESS	POST OFFICE BOX 320637
CITY-ST-ZIP	COCOA BEACH, FL 329320637
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 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 #