

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P02000037513

1. Entity Name

THE OCEANS DEVELOPMENT OF BREVARD, INC.



**FILED  
Mar 22, 2004 8:00 am  
Secretary of State**

03-22-2004 90054 009 \*\*\*150.00

Principal Place of Business Mailing Address  
925 NORTH COURTNEY PARKWAY  
MERRITT ISLAND FL 32953  
925 NORTH COURTNEY PARKWAY  
MERRITT ISLAND FL 32953

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 56-2296802 Applied For  
Not Applicable

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

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

NOHRR, PHILIP E  
1800 WEST HIBISCUS BLVD SUITE 138  
MELBOURNE FL 32901

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, 2004 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**

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Pres - Trea - P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KODSI, MAURICE		NAME	
STREET ADDRESS	PO BOX 320637		STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	vPres - Sec - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KODSI, ROBERT		NAME	
STREET ADDRESS	PO BOX 320637		STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	vPres - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KODSI, MICHAEL		NAME	
STREET ADDRESS	PO BOX 320637		STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: *Maurice B. B.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04

Date

Daytime Phone #