## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000066654

1. Entity Name

OXEAN AVENUES PUBLISHING, INC.



FILED
May 17, 2006 08:00 AM
Secretary of State

Principal Place of Business

8959 SPRING MTN. WAY FORT MYERS, FL 33908 Mailing Address

8959 SPRING MTN. WAY FORT MYERS, FL 33908



## DO NOT WRITE IN THIS SPACE

05152006 No Chg-P CR2E034 (11/05)

01122004 (11100)

4. FEI Number 51-0464773

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERCER, DYAN S 1409 SANDPIPER CIR. SANIBEL, FL 33957

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the lons of registered agent.	purpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	2
SIGNATURE_	Signature, typed or printed name of registered agent and title	a if applicable /NOTE Bacistered	Agent elegature	required when reinstating)	DATE	
3	Significate, types or privious manus or registered agent and the	e it appricable: (NO) E. Registered	Agant signature	addition with temperating)	DAILE TO THE PARTY OF THE PARTY	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Finance Trust Fund Contribution.	oing 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS					<u></u>	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MECER, DYAN S 8959 SPRING MTN. WAY FORT MYERS, FL 33908				U00000564888 05/20/06-80097-002 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U5/2U/U6-8UU3(-UU2 15U.UU	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. Thereby 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 TREED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Daytime Phone #