FILED
Jul 23, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000104748

1. Entity Name
OCEANWAY TAX SERVICE, INC.

Principal Place of Business	Mailing Address
462 NEW BERLIN ROAD JACKSONVILLE, FL 32218-3827	462 NEW BERLIN ROAD JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE

07222004 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0117267

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

SPEIGLE, ETHEL H
462 NEW BERLIN ROAD
JACKSONVILLE, FL 32218

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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.

000000168049
07/23/04-80007-018 150.00

SIGNATURE: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required if mailed or faxed.)

FILE NOW!!! FEE IS $150.00
Due by September 5, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$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

TITLE	P/SD
NAME	SPEIGLE, ETHEL H
STREET ADDRESS	462 NEW BERLIN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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: Ethel H Speigle President 7/21/04 904-757-4110
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (DATE) (DAYTIME PHONE NUMBER)