2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000123459

1. Entity Name
OCEAN WOODS WEST, INC.

Principal Place of Business	Mailing Address
104 S. HARBOR CITY BLVD. MELBOURNE, FL 32901	104 S. HARBOR CITY BLVD. MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

03202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
22-3883106	Not Applicable

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

6. Name and Address of Current Registered Agent

GILLILAND, JOY
104 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901

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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.

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000677000 03/30/07-80086-011 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	GILLILAND, JOY
STREET ADDRESS	104 S. HARBOR CITY BLVD.
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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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, Florid indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as i of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; a 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