

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000042275

1. Entity Name
OCEAN LAND FINANCING, INC.



FILED

07 OCT 17 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE SOUTH OCEAN BOULEVARD, SUITE 204
BOCA RATON, FL 33432

Mailing Address
ONE SOUTH OCEAN BOULEVARD, SUITE 204
BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

10042007 Chg-P CR2E034 (12/06)

4. FEI Number
51-0459178

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EISINGER, DENNIS J ESQ.
4000 HOLLYWOOD BLVD., STE. 265-SOUTH
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROY, JEAN F
STREET ADDRESS ONE SOUTH OCEAN BOULEVARD, SUITE 204
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE VP
NAME ISSENMAN, MARK
STREET ADDRESS ONE SOUTH OCEAN BLVD, STE 204
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
NAME JEAN FRANCOIS ROY
STREET ADDRESS One South Ocean Boulevard, Suite 204
CITY-ST-ZIP Boca Raton, FL 33432

TITLE DV
NAME MARK ISSENMAN
STREET ADDRESS One South Ocean Boulevard, Suite 204
CITY-ST-ZIP Boca Raton, FL 33432

TITLE D
NAME MICHELLE DREYER
STREET ADDRESS 2711 Centerville Road, Suite 400
CITY-ST-ZIP Wilmington, DE 19808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____ JEAN FRANCOIS ROY, President 11/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #