

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 012 ***150.00

DOCUMENT # P03000042711

1. Entity Name
OCEAN GRAFIX 1, INC.



Principal Place of Business
11440 66TH STREET N
LARGO, FL 33773

Mailing Address
11440 66TH STREET N
LARGO, FL 33773



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0778622
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADORF, RICK W ESQ
696 1ST AVENUE NORTH SUITE 201
ST PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PILINI, JAY D
STREET ADDRESS	127-11TH STREET EAST
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	D
NAME	COSTELLO, JOHN E
STREET ADDRESS	1100-3RD AVENUE SOUTH
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	D
NAME	COSTELLO, DOUG J
STREET ADDRESS	10595 NINA STREET
CITY-ST-ZIP	LARGO, FL 33778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Costello

3/15/06