

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90033 038 ***150.00

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1. Entity Name

THE SOUTH OCEAN GROUP, INC.



Principal Place of Business

2115 SOUTH OCEAN BLVD.
#16
DELRAY BEACH, FL 33483

Mailing Address

C/O SCOTT RHINE
399 NW BOCA RATON BLVD
BOCA RATON, FL 33432

50009262



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2116268

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLIFFORD, MALORY P
2115 SOUTH OCEAN BLVD
#16
DELRAY BEACH, FL 33483

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, S
CLIFFORD, MALORY P
2115 SOUTH OCEAN BLVD # 16
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~16~~
~~WRIGHT, NICOLAS C~~
~~2115 SOUTH OCEAN BLVD # 16~~
~~DELRAY BEACH, FL 33483~~

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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IN THIS SPACE**

12. 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALORY CLIFFORD 13 Jan 05 561-265-1901

Date

Daytime Phone #