

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000058060

1. Entity Name
1330 NORTH OCEAN INC.



Principal Place of Business

39 ST THOMAS DRIVE
PALM BEACH GARDENS, FL 33418 US

Mailing Address

39 ST. THOMAS DRIVE
PALM BEACH GARDENS, FL 33418 US



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0519296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHASE, JEAN A
1129 ROYAL PALM BEACH BLVD STE72
DEERFIELD BEACH, FL 33441

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000616464
02/07/07-80029-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	REYNOLDS, JOHN D
STREET ADDRESS	39 ST THOMAS DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V/D
NAME	MACDERMOTT, MICHAEL
STREET ADDRESS	153 W. LUPINE DRIVE
CITY-ST-ZIP	ASPEN, CO 81611
TITLE	S/D
NAME	CHASE, JEAN A
STREET ADDRESS	1129 ROYAL PALM BEACH BLVD STE 72
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
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

JOHN D. REYNOLDS 1-27-07

Date

Daytime Phone #