


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90339 011 \*\*\*150.00

<b>DOCUMENT # P03000059180</b>	
1. Entity Name <b>OAKLEY WATERSIDE RESALE AND CHARTER, INC.</b>	

Principal Place of Business <b>703 COURT STREET CLEARWATER, FL 33756 US</b>	Mailing Address <b>703 COURT STREET CLEARWATER, FL 33756 US</b>
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2. Principal Place of Business <b>51 Main St</b>	3. Mailing Address <b>P.O. Box 741</b>
Suite, Apt. #, etc. <b>Suite # 7</b>	Suite, Apt. #, etc.
City & State <b>Dunedin Florida</b>	City & State <b>Dunedin Florida</b>
Zip <b>34698</b>	Country <b>Pinellas</b>
Zip <b>34697</b>	Country <b>Pinellas</b>



01182005 Chg-P CR2E034 (10/03)

4. FEI Number  
**01-0785582**

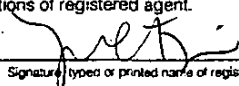
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent <b>JENNINGS, THOMAS C III 703 COURT STREET CLEARWATER, FL 33756</b>	
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7. Name and Address of New Registered Agent	
Name <b>Jamie Fisher L</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>51 Main St</b>	
City <b>Dunedin</b>	FL Zip Code <b>34698</b>

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:  DATE: **04/20/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD FISHER, JAMIE L 703 COURT STREET CLEARWATER, FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: 

**04/20/05 727 688-5789**