2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 06, 2004 8:00 am
Secretary of State

02-25-2004 90021 040 ***158.75
04-06-2004 90025 017 ***158.75

DOCUMENT # P03000100983

1. Entity Name

OCEAN FRONT PLAZA, INC.

Principal Place of Business	Mailing Address
5575 A1A SOUTH SUITE#69 ST. AUGUSTINE FL 32084	240 NORTH SERENATA DRIVE VILLA #823 SOUTH PONTE VEDRA BEACH FL 32082

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
240 North Serenata Drive		240 North Serenata DR	
Suite, Apt. #, etc. VILLA # 823		Suite, Apt. #, etc. VILLA # 823	
City & State South Ponte Vedra Beach, FL		City & State South Ponte Vedra Beach, FL	
Zip 32082	Country ST. Johns	Zip 32082	Country ST. Johns

4. FEI Number 47-0939825 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SARGIS, IKE
240 NORTH SERENATA DRIVE
VILLA #823
SOUTH PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name TISHIA ENDERS
Street Address (P.O. Box Number is Not Acceptable) 240 North Serenata Drive VILLA # 823
City South Ponte Vedra Beach FL Zip Code 32082

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] as President of Ocean Front Plaza, Inc. 3-28-04
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENDERS, TISHIA M 240 NORTH SERENATA DRIVE VILLA #823 SOUTH PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] as President of Ocean Front Plaza 3-28-04 904 616-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Tishia Enders