


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90003 002 ***150.00

DOCUMENT # P03000140095 1. Entity Name OCEAN POND MUDD BOGG & OFF ROAD PARK, INC.																													
Principal Place of Business 15803 OAK GLEN WAY TAVARES, FL 32778 US			Mailing Address 15803 OAK GLEN WAY TAVARES, FL 32778 US																										
2. Principal Place of Business - No P.O. Box # 24851 ADAIR AVE.		3. Mailing Address 24851 ADAIR AVE.																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State SORRENTO, FL		City & State SORRENTO, FL		4. FEI Number 20-0441092																									
Zip 32776-7817		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent EASTMAN, NORMAN D 15803 OAK GLEN WAY TAVARES, FL 32778			7. Name and Address of New Registered Agent Name EASTMAN, NORMAN D. Street Address (P.O. Box Number is Not Acceptable) 24851 ADAIR AVE. City SORRENTO																										
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																										
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																								
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">CEO</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EASTMAN, NORMAN D CEO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>24851 ADAIR AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SORRENTO, FL 32776</td> <td></td> </tr> </table>			TITLE	CEO	<input type="checkbox"/> Delete	NAME	EASTMAN, NORMAN D CEO		STREET ADDRESS	24851 ADAIR AVE		CITY-ST-ZIP	SORRENTO, FL 32776		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

Norman D. Eastman

Date

Daytime Phone #