

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90170 016 ***150.00

DOCUMENT # P04000078155

1. Entity Name
OCEAN HOLDINGS TRUST DISBURSEMENT SERVICES, INC.



Principal Place of Business
**1000 MARKET STREET
BUILDING ONE, SUITE 300
PORTSMOUTH, NH 03801**

Mailing Address
**1000 MARKET STREET
BUILDING ONE, SUITE 300
PORTSMOUTH, NH 03801**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

13-4280453

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRITCHFIELD, RICHARD H
1001 EAST ATLANTIC AVENUE
SUITE 201
DELRAY BEACH, FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **President** ☐ Delete
NAME **Mark Walsh**
STREET ADDRESS **1001 E. Atlantic Ave**
CITY-ST-ZIP **Delray Beach FL 33483**

TITLE **Vice President** ☐ Delete
NAME **Michael Walsh**
STREET ADDRESS **1001 E. Atlantic Ave**
CITY-ST-ZIP **Delray Beach FL 33483**

TITLE **Secretary** ☐ Delete
NAME **Richard C. Ode**
STREET ADDRESS **1000 Market Street**
CITY-ST-ZIP **Portsmouth, NH 03801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Mark Walsh**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Walsh, Pres. 2/24/05

Date

(561) 239-9900

Daytime Phone #