

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90314 007 ***150.00

DOCUMENT # P04000103202																													
1. Entity Name OCEAN JEWEL CASINO & ENTERTAINMENT, INC.																													
Principal Place of Business 100 FIRST AVENUE SOUTH 2ND FLOOR ST. PETERSBURG, FL 33701			Mailing Address 100 FIRST AVENUE SOUTH 2ND FLOOR ST. PETERSBURG, FL 33701																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
6. Name and Address of Current Registered Agent SCHENK, ROBERT H 100 FIRST AVENUE SOUTH 2ND FLOOR ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P, D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEFFES, HOWARD O JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 FIRST AVENUE SOUTH, 2ND FLOOR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST. PETERSBURG, FL 33701</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Lande, Herbert</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 First Avenue South, 2nd Floor</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>St. Petersburg, FL 33701</td> <td></td> </tr> </table> </div> </div>						TITLE	P, D	<input type="checkbox"/> Delete	NAME	STEFFES, HOWARD O JR.		STREET ADDRESS	100 FIRST AVENUE SOUTH, 2ND FLOOR		CITY - ST - ZIP	ST. PETERSBURG, FL 33701		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Lande, Herbert		STREET ADDRESS	100 First Avenue South, 2nd Floor		CITY - ST - ZIP	St. Petersburg, FL 33701	
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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: <u>Robert H. Schenk</u> ROBERT H. SCHENK <u>2/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

50024894



02082005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1357533 Applied For Not Applicable

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