2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110662

Entity Name: OCEANSIDE RENOVATIONS, INC.

FILED Feb 04, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
43 MARIE D	-	US			
Current Mailing Address:			New Maili	New Mailing Address:	
43 MARIE D PONCE INL	DRIVE LET, FL 32127	US			
FEI Number: 2	20-1420450	FEI Number Applied For () FEI N	lumber Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DEEGAN, DANIEL L 43 MARIE DRIVE PONCE INLET, FL 32127 US					
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.					
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () DO DEEGAN, DANIEL 43 MARIE DRIVE PONCE INLET, FL	L	Title: Name: Address: City-St-Zip:	P (X) Change () Addition DEEGAN, DANIEL J 1421 GOLFVIEW DRIVE DAYTONA BEACH, FL 32114 US	
Title: Name: Address: City-St-Zip:	VP () DO DEEGAN, DANIEL 43 MARIE DRIVE PONCE INLET, FL	J	Title: Name: Address: City-St-Zip:	V (X) Change () Addition DEEGAN, DEANNE 1326 MARDRAKE DAYTONA BEACH, FL 32114 US	
Title: Name: Address: City-St-Zip:	SEC () DO DEEGAN, DEANNI 926 COUNTRYSIE PORT ORANGE, F	E DE WEST BLVD.	Title: Name: Address: City-St-Zip:	S/T (X) Change () Addition MARKESE, JULIA 926 COUNTRYSIDE WEST BLVD. PORT ORANGE, FL 32127 US	
Title: Name: Address: City-St-Zip:	TRE (X) D DEEGAN, ARLENE 43 MARIE DRIVE PONCE INLET, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SAA (X) D MARKESE, JULIA 926 COUNTRYSIE PORT ORANGE, F	DE WEST BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRU (X) D DEEGAN, THOMA 43 MARIE DRIVE PONCE INLET, FL	S	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J DEEGAN P 02/04/2005