

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90020 025 \*\*\*150.00

DOCUMENT # P04000170620

1. Entity Name

OCEAN VIBES, INC.



Principal Place of Business

1260 N. PONCE DE LEON BLVD.  
SUITES E & F  
SAINT AUGUSTINE FL 32084

Mailing Address

305 FOURTH STREET  
SAINT AUGUSTINE FL 32084



2. Principal Place of Business - No P.O. Box #

21 Grant St

Suite, Apt. #, etc.

3. Mailing Address

305 Fourth St

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Saint Augustine, FL

Zip  
32084

Country

USA

City & State

Saint Augustine, FL

Zip  
32084

Country

USA

4. FEI Number

20-1931585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ZYLKOWSKI, ELIZABETH A  
305 FOURTH STREET  
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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

*Elizabeth A Zylkowski*

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, 2007 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ZYLKOWSKI, ELIZABETH A	
STREET ADDRESS	305 FOURTH STREET	
CITY - ST - ZIP	SAINT AUGUSTINE FL 32084	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	ZYLKOWSKI, ELIZABETH A	
STREET ADDRESS	305 FOURTH STREET	
CITY - ST - ZIP	SAINT AUGUSTINE FL 32084	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	ZYLKOWSKI, ELIZABETH A	
STREET ADDRESS	305 FOURTH STREET	
CITY - ST - ZIP	SAINT AUGUSTINE FL 32084	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	ZYLKOWSKI, ELIZABETH A	
STREET ADDRESS	305 FOURTH STREET	
CITY - ST - ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Elizabeth A Zylkowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2007

Date

904-318-0328

Daytime Phone #