


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90425 011 \*\*\*150.00

<b>DOCUMENT # P05000031620</b> 1. Entity Name <b>WAVECREST DEVELOPMENT CORP.</b>					
Principal Place of Business <b>3425 N ATLANTIC AVE COCOA BEACH, FL 32931</b>			Mailing Address <b>3425 N ATLANTIC AVE COCOA BEACH, FL 32931</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KANCILIA, JOHN R 1800 W HIBISCUS BLVD SUITE 138 MELBOURNE, FL 32901			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DOBSON, ROGER</b> <b>3425 N ATLANTIC AVE</b> <b>COCOA BEACH, FL 32931</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Roger W. Dobson</b> <b>3425 N. Atlantic Avenue</b> <b>Cocoa Beach, FL 32931</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Sec.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Eug ne K. Bjerning</b> <b>3425 N. Atlantic Avenue</b> <b>cocoa Beach, FL 32931</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bjornar Hermansen</b> <b>3425 N. Atlantic Avenue</b> <b>Cocoa Beach, FL 32931</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John Hermansen</b> <b>3425 N. Atlantic Avenue</b> <b>Cocoa Beach, FL 32931</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tom C. Hermansen</b> <b>3425 N. Atlantic Avenue</b> <b>Cocoa Beach, FL 32931</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u>Roger W. Dobson</u> <b>Roger W. Dobson</b> <b>4/27/06</b> <b>321-799-4099</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

400.0000



01042006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-2664050

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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