

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167001

Entity Name: LIFE OCEANIC, INC.

FILED
Apr 26, 2008
Secretary of State

Current Principal Place of Business:

10909 US HWY 41 S
GIBSONTON, FL 33534

New Principal Place of Business:

10915 US HWY 41 S
GIBSONTON, FL 33534

Current Mailing Address:

10909 US HWY 41 S
GIBSONTON, FL 33534

New Mailing Address:

10915 US HWY 41 S
GIBSONTON, FL 33534

FEI Number: 71-0993198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENEFIEL, SHARON R
3030 95TH DRIVE E
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BENEFIEL, SHARON R
Address: 3030 95TH DRIVE E
City-St-Zip: PARRISH, FL 34219

Title: VP () Delete
Name: HALLIER, DIANE A
Address: 4404 MERRICK RUN LANE
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: BENEFIEL, SHARON R
Address: 3030 95TH DRIVE E
City-St-Zip: PARRISH, FL 34219

Title: T () Delete
Name: BENEFIEL, JOE H JR.
Address: 3030 95TH DRIVE E
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHARON R BENEFIEL

P

04/26/2008

Electronic Signature of Signing Officer or Director

Date