

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000031623**

1. Entity Name  
**OCEAN AP, INC.**



Principal Place of Business  
**1001 E ATLANTIC AVE SUITE 202  
DELRAY BEACH, FL 33483**

Mailing Address  
**1000 MARKET STREET SUITE 300  
PORTSMOUTH, NH 03801**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>87-0763984</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000914672  
05/08/08-80067-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WALSH, MARK
STREET ADDRESS	1001 E ATLANTIC AVE SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VP
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E ATLANTIC AVE SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VP
NAME	WALSH, WILLIAM
STREET ADDRESS	1000 MARKET STREET SUITE 300
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	VP
NAME	ADESH, RICHARD C
STREET ADDRESS	1000 MARKET STREET SUITE 300
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	S
NAME	CRITCHFIELD, RICHARD
STREET ADDRESS	1001 E ATLANTIC AVE SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD C. ADE**  
**POSITIVE VICE PRESIDENT**

Date

Daytime Phone #

1/30/08

(603)559-2100