

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90057 001 ***450.00

DOCUMENT # P06000063602	
1. Entity Name OCEAN CITY DEVELOPERS INC	

Principal Place of Business 880 AIRPORT RD SUITE 113 ORMOND BEACH, FL 32174	Mailing Address 880 AIRPORT RD SUITE 113 ORMOND BEACH, FL 32174
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2. Principal Place of Business - No P.O. Box # 770 W. GRANADA BLVD	3. Mailing Address 770 W. GRANADA BLVD
Suite, Apt. #, etc. SUITE 102	Suite, Apt. #, etc. SUITE 102
City & State ORMOND BEACH, FL	City & State ORMOND BEACH, FL
Zip 32174	Country USA

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01092008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5021698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRAZER, ROBERT D 2090 S NOVA RD SUITE AA05 DAYTONA BEACH, FL 32119	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UPSON, GERALD		NAME Stephanie Rowley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 907 QUAIL RUN		STREET ADDRESS 700 W. GRANADA BLVD, SUITE 102	
CITY-ST-ZIP ORMOND BEACH, FL 32174		CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME UPSON, WILBUR O		NAME Stephanie Rowley	
STREET ADDRESS 580 TYMBER CREEK RD		STREET ADDRESS 700 W. GRANADA BLVD, SUITE 102	
CITY-ST-ZIP ORMOND BEACH, FL 32174		CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE SEC	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UPSON, WILLIAM R		NAME Stephanie Rowley	
STREET ADDRESS 2304 S CENTRAL AVE		STREET ADDRESS 700 W GRANADA BLVD, SUITE 102	
CITY-ST-ZIP FLAGLER BEACH, FL 32136		CITY-ST-ZIP ORMOND BCH, FL 32174	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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: Gerard Upson 4/11/08 386-671-2968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #