


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90018 016 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P07000054941</b><br>1. Entity Name<br><b>OCEAN MIST COSMETICS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                           |                                                                                  |                                                                                                                                                                                                                       |                                                                                       |  |
| Principal Place of Business<br><b>7153 NICHOLSON DRIVE<br/>MOLINO, FL 32577</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                  | Mailing Address<br><b>7153 NICHOLSON DRIVE<br/>MOLINO, FL 32577</b>                                                                                                                                                   |                                                                                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           | 3. Mailing Address                                                               |                                                                                                                                                                                                                       |                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                           | Suite, Apt. #, etc.                                                              |                                                                                                                                                                                                                       |                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                           | City & State                                                                     |                                                                                                                                                                                                                       |                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                   | Zip                                                                              | Country                                                                                                                                                                                                               | 01062008    Chg-P    CR2E034 (12/06)                                                                                                                                   |  |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |                                                                                  |                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                                                                                  |                                                                                                                                                                                                                       | <b>\$8.75 Additional Fee Required</b>                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HICKSON, ELOISE<br/>7153 NICHOLSON DRIVE<br/>MOLINO, FL 32577</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                           |                                                                                  | 7. Name and Address of New Registered Agent<br>Name <b>Bennie E Finlay</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7153 Nicholson Drive</b><br>City <b>Molino</b> <b>FL</b> Zip Code <b>32577</b> |                                                                                                                                                                        |  |
| 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.<br>SIGNATURE <u><i>Bennie E. Finlay</i></u> DATE <u>04/01/08</u><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                   |                                                                                                                                           |                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                       | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                     |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                           |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                          |                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>C</b><br><b>FINLAY, BENNIE E</b> <input type="checkbox"/> Delete<br><b>7153 NICHOLSON DRIVE</b><br><b>MOLINO, FL 32577</b>             |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b> <input type="checkbox"/> Delete<br><b>FINLAY, LEAH C</b><br><b>7153 NICHOLSON DRIVE</b><br><b>MOLINO, FL 32577</b>               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b> <input checked="" type="checkbox"/> Delete<br><b>SMITH, DEBORAH L</b><br><b>7151 NICHOLSON DRIVE</b><br><b>MOLINO, FL 32577</b>  |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b> <input checked="" type="checkbox"/> Delete<br><b>FINLAY, BRENDA L C</b><br><b>POST OFFICE BOX 635</b><br><b>MOLINO, FL 32560</b> |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>FINLAY, BRENDA L C</b><br><b>P.O. Box 635</b><br><b>GONZALEZ, FL 32560</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b> <input type="checkbox"/> Delete<br><b>HICKSON, ELOISE</b><br><b>7153 NICHOLSON DRIVE</b><br><b>MOLINO, FL 32577</b>              |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                           |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                                           |                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                                                        |  |
| SIGNATURE <u><i>Bennie E. Finlay</i></u> <b>BENNIE E. FINLAY</b> <u>04/01/08</u> <u>850-587-2662</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                           |                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                                                        |  |