


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000015413 1. Entity Name OCEAN PRODUCTS AND SERVICES INC.		
Principal Place of Business 306 SE 22ND AVE. POMPANO BEACH FL 33062-5302		Mailing Address 306 SE 22ND AVE. POMPANO BEACH FL 33062-5302
2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0382860		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">6. Name and Address of Current Registered Agent</th> <th style="width: 50%;">7. Name and Address of New Registered Agent</th> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> DESMOND, JAMES 304 SE 22 AVENUE POMPANO BEACH FL 33062 </td> <td style="padding: 5px; vertical-align: top;"> Name Street Address (P.O. Box Number is Not Acceptable) City </td> </tr> <tr> <td></td> <td style="text-align: right; padding: 5px;"> FL Zip Code </td> </tr> </table>			6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	DESMOND, JAMES 304 SE 22 AVENUE POMPANO BEACH FL 33062	Name Street Address (P.O. Box Number is Not Acceptable) City		FL Zip Code
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent							
DESMOND, JAMES 304 SE 22 AVENUE POMPANO BEACH FL 33062	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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	P DESMOND, JAMES LEONARD 306 SE 22ND AVE. POMPANO BEACH FL 33062-0045	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;"> U00000347029 04/30/05-80100-015 150.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without other like empowered.

SIGNATURE: _____ **JAMES L. DESMOND** **2/21/05** **954-941-3941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #