

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90056 015 ***150.00

DOCUMENT # P93000085611					
1. Entity Name OCEAN ENTERPRISES, INC.					
Principal Place of Business % DC HOLDINGS, INC. PO BOX 6142 JENSEN BEACH, FL 34957-6142 US			Mailing Address % DC HOLDINGS, INC. PO BOX 6142 JENSEN BEACH, FL 34957-6142 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0454121	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARPENTER, A P 1456 NE OCEAN BLVD 10-202 STUART, FL 34996			7. Name and Address of New Registered Agent		
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, 2004 Fee will be \$350.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DANIELS, JOHN A <input type="checkbox"/> Delete 100 W MONROE ST CHICAGO, IL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DANIELS, JOHN A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 835 WOODLAND DR. GLENVIEW, IL 60025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CARPENTIER, ANTHONY P <input type="checkbox"/> Delete 1456 NE OCEAN BLVD STUART, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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 all other like empowered.					
SIGNATURE: <u>ANTHONY P. CARPENTIER</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>1/14/03</u> Daytime Phone #: <u>772-463-0605</u>		