


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000052851	
1. Entity Name OCEAN HAMMOCK, INC.	

Principal Place of Business 537 N.E. 1ST STREET SUITE 5 GAINESVILLE, FL 32601	Mailing Address 537 N.E. 1ST STREET SUITE 5 GAINESVILLE, FL 32601
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3316848	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STERN, ROBERT A 537 N.E. 1ST ST. SUITE 5 GAINESVILLE, FL 32601	
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		U00000173837 01/07/05-80035-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STERN, ROBERT A 537 N.E. 1ST ST., STE. 5 GAINESVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERN, CORNELIA O 537 N.E. 1ST ST., STE. 5 GAINESVILLE, FL 32601	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/5/2005 <small>Date</small>	352 373-8502 <small>Daytime Phone #</small>
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