

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089189

Entity Name: OCEAN SUITES, INC.

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

27 RIVER FALLS DRIVE  
COCOA BEACH, FL 32931

## New Principal Place of Business:

5500 OCEAN BEACH BLVD.  
COCOA BEACH, FL 32931

## Current Mailing Address:

27 RIVER FALLS DRIVE  
COCOA BEACH, FL 32931

## New Mailing Address:

5500 OCEAN BEACH BLVD.  
COCOA BEACH, FL 32931

FEI Number: 59-3280490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GAL, JOHN S  
27 RIVER FALLS DRIVE  
COCOA BEACH, FL 32931 US

## Name and Address of New Registered Agent:

GAL, JOHN S  
5500 OCEAN BEACH BLVD  
COCOA BEACH, FL 32931 US

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.

SIGNATURE:

04/26/2005

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GAL, STANLEY  
Address: 27 RIVER FALLS DRIVE  
City-St-Zip: COCOA BEACH, FL

Title: DV ( ) Delete  
Name: GAL, MARIA  
Address: 27 RIVER FALLS DRIVE  
City-St-Zip: COCOA BEACH, FL

Title: DTS ( ) Delete  
Name: GAL, JOHN S  
Address: 7 COVE VIEW CT  
City-St-Zip: COCOA BEACH, FL

Title: D ( ) Delete  
Name: GAL, MARY  
Address: 7 COVE VIEW CT  
City-St-Zip: COCOA BEACH, FL 32931

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GAL

DTS

04/26/2005

Electronic Signature of Signing Officer or Director

Date