

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000004809

Entity Name: OCEAN CERAMIC, INC.

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

935 SE CENTRAL PARKWAY
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

C/O KERRY A. KAPALCO
2875 S.W. SHINNECOCK HILLS COURT
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-0545002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPALCO, KERRY A
2875 S.W. SHINNECOCK HILLS COURT
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAPALCO, KERRY A
Address: 2875 S.W. SHINNECOCK HILLS COURT
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: KAPALCO, CHERI A
Address: 2875 S.W. SHINNECOCK HILLS COURT
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CHERI A. KAPALCO

VP

01/08/2004

Electronic Signature of Signing Officer or Director

_____ Date