

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000044281

1. Entity Name
OCEAN RESORT MANAGEMENT, INC.



Principal Place of Business
**453 SOUTH ATLANTIC AVE.
ORMOND BEACH, FL 32176**

Mailing Address
**453 SOUTH ATLANTIC AVE.
ORMOND BEACH, FL 32176**



08122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEL Number
59-3330752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, WALLACE M
453 S ATLANTIC AVE
ORMOND BEACH, FL 32176**

**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 W. Brown
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-qualifying)

DATE

8/20/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PM
BROWN, WALLACE M
3941 S PENINSULA DR
DAYTONA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
BROWN, MARY
3941 S PENINSULA DR
DAYTONA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U000000170831
08/25/04-80002-002 550.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.073(1), 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: W. Brown **W. WALLACE BROWN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/04 **386 672 7373**
DATE Daytime Phone #