


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000044281</b>	
1. Entity Name <b>OCEAN RESORT MANAGEMENT, INC.</b>	

Principal Place of Business <b>453 SOUTH ATLANTIC AVE. ORMOND BEACH, FL 32176</b>	Mailing Address <b>453 SOUTH ATLANTIC AVE. ORMOND BEACH, FL 32176</b>
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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3330752** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BROWN, WALLACE M 453 S ATLANTIC AVE ORMOND BEACH, FL 32176</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**1100000547542  
05/12/06-80019-003 150.00**

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
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Brown PM WALLACE Brown P.M. 4/28/6 386-672-737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #