


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000064087</b>	
1. Entity Name ECOVENTURE TIDES, INC.	

Principal Place of Business 601 BAYSHORE BLVD. SUITE 960 TAMPA, FL 33606	Mailing Address 601 BAYSHORE BLVD. SUITE 960 TAMPA, FL 33606
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**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3337573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J  
100 NORTH  
STE 2700  
TAMPA, FL 33602

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OELSCHLAEGER, EDWARD R 601 BAYSHORE BLVD., SUITE 960 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HEINBERG, C J 601 BAYSHORE BLVD, STE 960 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KIRKBRIDE, B K 601 BAYSHORE BLVD, STE 960 TAMPA, FL 33606
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000121590  
04/20/04-80059-004 150.00

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IN THIS SPACE**

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:**  Edward R. Oelschlaeger 4-12-04 813-920-1161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X 304