


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90029 021 ***150.00

DOCUMENT # P96000006097

1. Entity Name
OCEANS, REEFS & AQUARIUMS, INC.




Principal Place of Business Mailing Address
5600 US 1 NORTH 5600 US 1 N
ACTED BLDG ACTED BLDG
FT PIERCE, FL 34946 FORT PIERCE, FL 34946

94023280

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



01212004 Chg-P. CR2E034 (10/03)

4. FEI Number **65-0657787** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, WILLIAM ESQ
STEWART, NALL, EVANS & HAFNER, P.A.
3355 OCEAN DR.
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DACIS-HODGKINS, MEGAN			NAME	SUZANNE LEFFEW		
STREET ADDRESS	%5600 US 1 NORTH			STREET ADDRESS	4900 13 th LANE		
CITY-ST-ZIP	FT PIERCE, FL 34946			CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, LARRY			NAME			
STREET ADDRESS	14816 HARTFORD RUN DR.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TURNER, JEFFREY			NAME			
STREET ADDRESS	6250 NW 66TH AVE			STREET ADDRESS			
CITY-ST-ZIP	PARKLAND, FL 33067			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERMAN, RICK			NAME			
STREET ADDRESS	5600 US 1 NORTH			STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34946			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAINES, KEVIN			NAME			
STREET ADDRESS	1841 26TH AVE			STREET ADDRESS			
CITY-ST-ZIP	VERO BCH, FL 32960			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFF, FRANK			NAME			
STREET ADDRESS	33418 OLD ST. JOE ROAD			STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL 33525			CITY-ST-ZIP			

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: *Gay R King* **CFU** 1/23/04 772-465-2420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #