2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000009872

1. Entity Name
BOCA OCEAN CORP.

Principal Place of Business	Mailing Address
6528 NW 50TH LANE C/O TUCHMAN GAINESVILLE, FL 32653-3933 US	6528 NW 50TH LANE ~~APT 292~~ TUCHMAN GAINESVILLE, FL 32653-3933 US

DO NOT WRITE IN THIS SPACE

02092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0642922	Not Applicable

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

6. Name and Address of Current Registered Agent

TUCHMAN, STEPHAN A
6528 NW 50TH LANE
~~APT 292~~
GAINESVILLE, FL 32653

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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 _____ DIRECTOR   2/08/05
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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	TUCHMAN, STEPHAN A
STREET ADDRESS	6528 NW 50TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	D
NAME	TUCHMAN, HILARY RILEY
STREET ADDRESS	6528 NW 50TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32653
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	

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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: _____ STEPHAN A. TUCHMAN   2/08/05   352 256 9185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #