

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015599

Entity Name: ITL OCEAN, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

9485 REGENCY SQUARE BLVD.
SUITE 415
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

9485 REGENCY SQUARE BLVD.
SUITE 415
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3366593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

LEGLER, MITCHELL W
50 N. LAURA STREET
SUITE 2900
JACKSONVILLE, FL 32202 US

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.

SIGNATURE:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAIN, BERNARD S
Address: 9485 REGENCY SQUARE BLVD., SUITE 415
City-St-Zip: JACKSONVILLE, FL 32225

Title: P,D () Delete
Name: PATCH, GLENN R
Address: 9485 REGENCY SQUARE BLVD., SUITE 415
City-St-Zip: JACKSONVILLE, FL 32225

Title: V,D () Delete
Name: LEGLER, MITCHELL W
Address: 300A WHARFSIDE WAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SAIN, JASON A
Address: 9485 REGENCY SQUARE BLVD., SUITE 415
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PATCH, GLENN R
Address: 9485 REGENCY SQUARE BLVD., SUITE 415
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change () Addition
Name: LEGLER, MITCHELL W
Address: 300A WHARFSIDE WAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL D. SWANSON

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date