## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000038939

1. Entity Name
OCEANSIDE YACHT MAINTENANCE INC.



Principal Place of Business Mailing Address

1608 SW 12 COURT FT LAUDERDALE, FL 33312

SIGNATURE:

1608 SW 12 COURT FT LAUDERDALE, FL 33312

## **FILED** Mar 03, 2004 08:00 AM Secretary of State

Daylime Phone #

DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  DAVISON, OLIVER 1608 SW 12 COURT FT LAUDERDALE, FL 33312				02152004 No Chg-P CR2E034 (10/03)  4. FEI Number				
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  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campalgn Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	W. W	-	•	
10.	OFFICERS AND DIRE	CTORS					- · · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVISON, OLIVER 1608 S.W. 12TH COURT FT. LAUDERDALE, FL				U00000 03/03/04-	1074795 80030-017	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	ACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP								
TITLE NAME STREET ADDRESS CITY - ST - ZIP								
12. I hereby of	Certify that the information supplied with this I on this report or supplemental report is true poration or the receiver or trustee empowere , or on an attachment with an address, with a	filing does not qualify for the exe and accurate and that my signal d to execute this report as requi Il other like empowered.	mption stated i ture shall have red by Chapter	n Section 119.07(3)(i the same legal effect 607, Florida Statutes	), Florida Statutes. I as if made under o s; and that my name	further certify that the sath; that I am an off appears in Block 1	ne information icer or director 0 or Block 11 if	