

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90269 040 ***150.00

DOCUMENT # P96000054369

1. Entity Name
OCEAN VILLAGE SALES & RENTALS, INC.



Principal Place of Business
242-B NORTH SHORE DRIVE
ORMONMD-BEACH, FL 32176

Mailing Address
242-B NORTH SHORE DRIVE
ORMONMD-BEACH, FL 32176

94076461



2. Principal Place of Business

3. Mailing Address

04272004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ormond Bch
Zip Country

City & State
Ormond Bch
Zip Country

4. FEI Number
59-3384999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, PETER H
242-B NORTH SHORE DRIVE
ORMONMD-BEACH, FL 32176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-04

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

TITLE P
NAME MYERS, PETER H
STREET ADDRESS 242-B NORTH SHORE DRIVE
CITY-ST-ZIP ORMONMD BEACH, FL 32176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE