

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000078051

1. Entity Name
OCEAN INNOVATIONS, INC.



Principal Place of Business
790 SW 21ST TERRACE
FORT LAUDERDALE, FL 33312

Mailing Address
9601 CORPORATE CIRCLE
CLEVELAND, OH 44125

DO NOT WRITE IN THIS SPACE



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0725688

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

FABER, DAVID
1301 WEST LAKE DR.
FORT LAUDERDALE, FL 33316-2317

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when re-instating)

4.8.5
DATE

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 DPT
NAME FABER, DAVID
STREET ADDRESS 1301 WEST LAKE DR.
CITY-ST-ZIP FORT LAUDERDALE, FL 333162317

TITLE DVS
NAME EVA, W. ALLAN III
STREET ADDRESS 48 HASKELL DR.
CITY-ST-ZIP BRATENAHL, OH 44108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.8.5
Date

216.750.2264
Daytime Phone #