

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4150

DOCUMENT # P97000048313

1. Entity Name
OCEAN REEF MARINE SERVICES, INC.



FILED

05 JUL 13 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
35 OCEAN REEF DRIVE
STE. 200
KEY LARGO, FL 33037

Mailing Address
35 OCEAN REEF DRIVE
STE. 200
KEY LARGO, FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0765492

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

LUBAN, KENNETH A
35 OCEAN REEF DRIVE
STE. 200
KEY LARGO, FL 33037

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ASTBURY, PAUL M.G.
STREET ADDRESS 35 OCEAN REEF DRIVE, SUITE 200
CITY-ST-ZIP KEY LARGO, FL 33037 ☐ Delete

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

TITLE VPT
NAME ANDERSON, SUZANNE C
STREET ADDRESS 35 OCEAN REEF DRIVE, SUITE 200
CITY-ST-ZIP KEY LARGO, FL 33037 ☐ Delete

TITLE
NAME Carder, Suzanne ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS
NAME LUBAN, KENNETH A
STREET ADDRESS 35 OCEAN REEF DRIVE, SUITE 200
CITY-ST-ZIP KEY LARGO, FL 33037 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
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07/20/05--01046--004 **411.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Kenneth A. Luban

Kenneth A. Luban

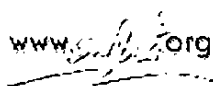
7/5/05

(305)367-5850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Division of Corporations****Annual Report****Annual Report Help**

Document Number

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Business Entity Name

OCEAN REEF MARINE SERVICES, INC.

☒ **After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.**

FEI Number

650765492

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

35 OCEAN REEF DRIVE

Suite, Apt. #, etc.

STE. 200

City, State

KEY LARGO**, FL**Zip Code & Country **33037****Mailing Address**

Address

35 OCEAN REEF DRIVE

Suite, Apt. #, etc.

STE. 200

City, State

KEY LARGO**, FL**Zip Code & Country **33037****Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

LUBAN**, KENNETH****, A****-or- RA Business Name**Address (PO Box is not acceptable) **35 OCEAN REEF DRIVE**

Suite, Apt. #, etc.

STE. 200

City, State

KEY LARGO**, FL**

Zip Code & Country

33037**US**

If there is a change in registered agent, the new agent will need to type their name

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title PD
Name (Last, First, Middle, Title) ASTBURY, PAUL M.G.,
-or- Entity Name
Street Address 35 OCEAN REEF DRIVE, SUITE 200
City, State KEY LARGO, FL
Zip Code & Country 33037
Title VPT
Name (Last, First, Middle, Title) ANDERSON, SUZANNE, C,
-or- Entity Name
Street Address 35 OCEAN REEF DRIVE, SUITE 200
City, State KEY LARGO, FL
Zip Code & Country 33037
Title VPS
Name (Last, First, Middle, Title) LUBAN, KENNETH, A,
-or- Entity Name
Street Address 35 OCEAN REEF DRIVE, SUITE 200
City, State KEY LARGO, FL
Zip Code & Country 33037
Title
Name (Last, First, Middle, Title),
-or- Entity Name
Street Address
City, State,
Zip Code & Country
Title
Name (Last, First, Middle, Title),
-or- Entity Name
Street Address