

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90011 035 ***150.00

DOCUMENT # P97000048874

1. Entity Name
OCEAN TRACE CENTER, INC.



Principal Place of Business
**931 LEW BLVD
ST AUGUSTINE, FL 32080**

Mailing Address
**P.O. BOX 124
ST. AUGUSTINE, FL 32085**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3465029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, LYNN H
931 LEW BLVD
ST AUGUSTINE, FL 32080**

**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, 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 Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LYNN H 931 LWE BLVD ST AUGUSTINE, FL 32080
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*Its
Lew Blvd
not Lwe*

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUSH, JOAN M 5366 5TH STREET ST. AUGUSTINE, FL 32084
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn H. Johnson

Date

1/8/04

Daytime Phone #

(904) 540-2665