

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000093871

Entity Name: OCN PALMS, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

3494 LANTERN BAY DRIVE
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

3494 LANTERN BAY DRIVE
JUPITER, FL 33477

New Mailing Address:

FEI Number: 65-0790781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGG, HAROLD H
3494 LANTERN BAY DRIVE
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HOGG, HAROLD H
Address: 3494 LANTERN BAY DR
City-St-Zip: JUPITER, FL 33477

Title: VD () Delete
Name: HOGG, JAMES W
Address: 11380 WHITE OAK RD
City-St-Zip: NEW FREEDOM, PA 17349

Title: VD () Delete
Name: HOGG, DAVID H
Address: 1125 WYNDSONG DR
City-St-Zip: YORK, PA 17403

Title: V () Delete
Name: STAUFFER, DAVID E
Address: 2323 S ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD H HOGG

PSD

04/13/2005

Electronic Signature of Signing Officer or Director

Date