


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000022451</b>	
1. Entity Name <b>OCEANS BELOW, INC.</b>	

Principal Place of Business <b>110 U.S. HIGHWAY ONE N. PALM BEACH, FL 33408</b>	Mailing Address <b>110 U.S. HIGHWAY ONE N. PALM BEACH, FL 33408</b>
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------



01072004 No Chg-F CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0840576</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SKINNER, DENISE R  
646 FLAGLER BLVD  
LAKE PARK, FL 33403**

**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 consenting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT SKINNER, ROBERT 646 FLAGLER BOULEVARD LAKE PARK, FL 33403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS SKINNER, DENISE 646 FLAGLER BOULEVARD LAKE PARK, FL 33403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000009285  
01/21/04-80005-012 150.00

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:** Denise R Skinner / Denise R Skinner 1/21/04 842-2221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #