

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P98000050395**

1. Entity Name  
**OCEAN DRIVE DEVELOPMENT CORP.**



Principal Place of Business  
**477 S. ROSEMARY AVE 209  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**477 S. ROSEMARY AVE 209  
WEST PALM BEACH, FL 33401 US**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0857234**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SOLO, ANTHONY P  
477 S. ROSEMARY AVE. #209  
SUITE 224  
WEST PALM BEACH, FL 33401**

**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

**2-4-04**

**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	P
NAME	SOLO, ANTHONY P
STREET ADDRESS	477 S. ROSEMARY AVE 209
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	VPST
NAME	SOLO, ANTHONY P
STREET ADDRESS	477 S. ROSEMARY AVE 209
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000076174  
03/04/04-80018-016 150.00

**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

Date

Daytime Phone #

**2-4-04 961-833-3900**