


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90088 018 ***150.00

DOCUMENT # P98000099934																																																																																																																																																					
1. Entity Name OCEANIC MARINE PRODUCTS, INC.																																																																																																																																																					
Principal Place of Business 1239 W NEWPORT CENTER DR DEERFIELD BEACH, FL 33442 US			Mailing Address 1239 W NEWPORT CENTER DR DEERFIELD BEACH, FL 33442 US																																																																																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State																																																																																																																																																			
Zip	Country	Zip	Country	4. FEI Number 65-0883257																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																																																		
GRANDE-BUTERA, JOHN 1241 W. NEWPORT CIR. DR. DEERFIELD BEACH, FL 33442			Name <u>Grande, JOAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1241 W Newport Center Drive</u> City <u>Deerfield Beach</u> <u>FL</u> Zip Code <u>33442</u>																																																																																																																																																		
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 <u>[Signature]</u> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GRANDE, JOAN</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>17813 FIELDBROOK CIRCLE W BOCA RATON, FL 33496</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GRANDE, FRANK A</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>401 E. LINTON BLVD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BCH, FL 33483</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>P.</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CHIPOLONE, MICHAEL</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1241 W. NEWPORT CENTER DR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BCH, FL 33442</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	GRANDE, JOAN		STREET ADDRESS			CITY-ST-ZIP	17813 FIELDBROOK CIRCLE W BOCA RATON, FL 33496		CITY-ST-ZIP			TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GRANDE, FRANK A		NAME			STREET ADDRESS	401 E. LINTON BLVD		STREET ADDRESS			CITY-ST-ZIP	DELRAY BCH, FL 33483		CITY-ST-ZIP			TITLE	P.	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CHIPOLONE, MICHAEL		NAME			STREET ADDRESS	1241 W. NEWPORT CENTER DR		STREET ADDRESS			CITY-ST-ZIP	DEERFIELD BCH, FL 33442		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11																																																																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
STREET ADDRESS	GRANDE, JOAN		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	17813 FIELDBROOK CIRCLE W BOCA RATON, FL 33496		CITY-ST-ZIP																																																																																																																																																		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME	GRANDE, FRANK A		NAME																																																																																																																																																		
STREET ADDRESS	401 E. LINTON BLVD		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	DELRAY BCH, FL 33483		CITY-ST-ZIP																																																																																																																																																		
TITLE	P.	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME	CHIPOLONE, MICHAEL		NAME																																																																																																																																																		
STREET ADDRESS	1241 W. NEWPORT CENTER DR		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	DEERFIELD BCH, FL 33442		CITY-ST-ZIP																																																																																																																																																		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME			NAME																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME			NAME																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME			NAME																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																		
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____																																																																																																																																																					