

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059901

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: OCEAN STATE EVENT SERVICES, INC.

## Current Principal Place of Business:

1461 KASTNER PLACE  
SUITE 101  
SANFORD, FL 32771

## New Principal Place of Business:

## Current Mailing Address:

1461 KASTNER PLACE  
SUITE 101  
SANFORD, FL 32771

## New Mailing Address:

FEI Number: 59-3589453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROTTY, KATHLEEN L  
1800 W. INTERNATIONAL SPEEDWAY BLVD  
BLDG 2., SUITE 201  
DAYTONA BEACH, FL 32114 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: PD ( ) Delete  
Name: WENDT, TIMOTHY  
Address: 650 SOUTH PINE STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPSD ( ) Delete  
Name: WALDROP, BRENDA  
Address: 2445 ROSLYN LANE  
City-St-Zip: LAKELAND, FL 33813

Title: TD (X) Delete  
Name: GRENIER, ROBERT JR  
Address: 90 INDUSTRIAL CIRCLE  
City-St-Zip: LINCOLN, RI 02865

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition  
Name: GRENIER, ROBERT JR  
Address: 90 INDUSTRIAL CIRCLE  
City-St-Zip: LINCOLN, RI 02865

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIMOTHY WENDT

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date