

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90660 002 \*\*\*150.00

**DOCUMENT # P99000064532**

1. Entity Name

OCEAN INSURANCE MANAGEMENT, INC.



Principal Place of Business

4409 W. EL PRADO BLVD.  
TAMPA FL 33629

Mailing Address

4409 W. EL PRADO BLVD.  
TAMPA FL 33629

2. Principal Place of Business

600 N Westshore Blvd

Suite, Apt. #, etc.

Ste 202

City & State

Tampa FL

Zip

33609

Country

USA

3. Mailing Address

600 N Westshore Blvd

Suite, Apt. #, etc.

Ste 202

City & State

Tampa FL

Zip

33609

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3587826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

BARRY ROWLAND

Street Address (P.O. Box Number is Not Acceptable)

600 N Westshore Blvd

Ste 202

City

Tampa

FL

Zip Code

33609

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

3/31/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete

NAME ROWLAND, BARRY A  
STREET ADDRESS 4409 W EL PRADO BLVD  
CITY-ST-ZIP TAMPA FL 33629

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* - BARRY A. ROWLAND 3/31/04 813 289 3200