

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000107724

1. Entity Name
BLUE OCEAN BEACH INVESTMENTS, INC.



Principal Place of Business

4099 TAMiami TRAIL NORTH
FOURTH FLOOR STE 400
NAPLES, FL 34103

Mailing Address

3033 RIVIERA DRIVE
NAPLES, FL 34103



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3614466

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STARMAN, SHELDON W
4099 TAMiami TRAIL NORTH, SUITE 400
NAPLES, FL 34103

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000300687
04/13/05-80001-024 158.75

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	STARMAN, SHELDON W
STREET ADDRESS	4099 TAMiami TRAIL N STE 400
CITY- ST- ZIP	NAPLES, FL 34103
TITLE	VS
NAME	BUDD, DAVID G
STREET ADDRESS	3033 RIVIERA DR, STE 201
CITY- ST- ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

04/13/05-80001-024 150.00

**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:

David G. Budd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05 (239) 263-7700

Date

Daytime Phone #

DAVID G. BUDD, VICE PRESIDENT