## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # S01470** 03-23-2005 90051 011 \*\*\*150.00 OCEAN CLEANERS OF NEPTUNE BEACH, INC. Mailing Address Principal Place of Business TRADEWINDS PLZ SHOPPING CTR #1 TRADEWINDS PLZ SHOPPING CTR #1 40037590 1505 ATLANTIC BLVD 1505 ATLANTIC BLVD NEPTUNE BEACH, FL 32233 **NEPTUNE BEACH, FL 32233** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3040718 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOON, JONG T. Street Address (P.O. Box Number is Not Acceptable) 1505 ATLANTIC BLVD NEPTUNE BEACH, FL 32266 City 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). 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD TITLE Change ☐ Addition ☐ Detete YOON, JONG T NAME STREET ADDRESS 1505 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH, FL 32266 CITY-ST-ZIP **VPD** Delete Change ☐ Addition TITLE TITLE YOON, JONG S NAME NAME STREET ADDRESS STREET ADDRESS 1505 ATLANTIC BLVD CITY-ST-ZIP NEPTUNE BEACH, FL 32266 CITY-ST-ZIP STD Change ☐ Addition Delete TETLE TITE F LEE, JUNG J NAME NAME STREET ADDRESS STREET ADDRESS 1505 ATLANTIC BLVD CTY-ST-ZP NEPTUNE BEACH, FL 32266 CITY-ST-ZIP ☐ Delete П Спалое ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Channe TITLE ☐ Delete IM F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

NTED NAME OF BIGNING OFFICER OF DIRECTOR

FILED

Mar 23, 2005 8:00 am