


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90072 044 ***150.00

DOCUMENT # S01470 1. Entity Name OCEAN CLEANERS OF NEPTUNE BEACH, INC.					
Principal Place of Business TRADEWINDS PLZ SHOPPING CTR #1 1505 ATLANTIC BLVD NEPTUNE BEACH, FL 32233			Mailing Address TRADEWINDS PLZ SHOPPING CTR #1 1505 ATLANTIC BLVD NEPTUNE BEACH, FL 32233		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. <i>1549 Atlantic Blvd.</i>			Suite, Apt. #, etc. <i>1549 Atlantic Blvd.</i>		
City & State <i>Neptune Beach, FL</i>			City & State <i>Neptune Beach, FL</i>		
Zip <i>32266</i>			Zip <i>32266</i>		
Country <i>Duval</i>			Country <i>Duval</i>		
4. FEI Number 59-3040718			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent YOON, JONG-T. - 1505 ATLANTIC BLVD NEPTUNE BEACH, FL 32266			7. Name and Address of New Registered Agent Name <i>YOON, JONG SUN</i> Street Address (P.O. Box Number is Not Acceptable) <i>1549 Atlantic Blvd</i> City <i>Neptune Beach</i> FL Zip Code <i>32266</i>		
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 _____ DATE <i>2-14-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOON, JONG T 1505 ATLANTIC BLVD NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOON, JONG SUN 1549 Atlantic Blvd. Neptune Beach, FL 32266
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOON, JONG S 1505 ATLANTIC BLVD NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, JUNG J 1505 ATLANTIC BLVD NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>X</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					