


FILED

Mar 11, 2005 08:0
Secretary of Sta**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S11851 1. Entity Name OCEANIC ENDEAVOURS INCORPORATED	
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Principal Place of Business 140 SCENIC MAGNOLIA DR DELAND, FL 32724 US	Mailing Address C/O ACCOUNTING & BUSINESS CONSLT, INC. 1535 SE 17TH ST., B206 FORT LAUDERDALE, FL 33316 US
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03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0224245	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered AgentTAYLOR, FRANKLIN W., JR.
140 SCENIC MAGNOLIA DR
DELAND, FL 32724**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****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, FRANKLIN W., JR. 140 SCENIC MAGNOLIA DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, DEBORAH A.H. 140 SCENIC MAGNOLIA DR DELAND, FL 32724
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03/11/05-80029-013 150.00**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-05