FILED Mar 11, 2005 08:0 Secretary of Sta

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S11851					
1. Entity Name OCEANIC ENDEAVOURS INCORPORATED					
,					
Principal Plac	ca of Businese	Mailing Address			
Principal Place of Business Mailing Address 140 SCENIC MAGNOLIA DR C/O ACCOUNTING & BUSINESS (CONSLT. INC.			
DELAND, FL 32724 US 1535 SE 17TH ST., B		1535 SE 17TH ST., B206			
FURT LAUL		FORT LAUDERDALE, FL 33316	s US) I DERBYRKE LEG KLEAL FRANK LUCKE RAND, KORT BANK BERK BERK BANK BANK BANK BANK BANK BANK	
			·	ADDROOM NO COMPANY (40/00)	
r	O NOT WRITE	IN THIS SPAC	S SPACE	03022005 No Chg-P CR2E034 (10/03)	
			.02	4. FEI Number Applied For 65-0224245 Not Applicable	
The second secon			The state of the s	5. Certificate of Status Desired \$8.75 Additional	
Fee Required					
6. Name and Address of Current Registered Agent					
TAYLOR, FRANKLIN W., JR.			DO NOT WRITE		
140 SCENIC MAGNOLIA DR DELAND, FL 32724					
				IN THIS SPACE	
		<u></u>	The state of the National	and the second s	
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.					
=				X.	
SIGNATURE Sonature, typed or printed name of registered agent and title if applicable. DNCTE Registered Agent signature is				d whos reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be led to Fees	
10.	OFFICERS AND DIE	RECTORS	<u> </u>		
TITLE NAME	PD TAYLOR, FRANKLIN W., JR.				
STREET ADDRESS	140 SCENIC MAGNOLIA DR				
CITY-ST-ZIP	DELAND, FL_32724	e water de décare		E 4 th charach charach the thirty of	
TITLE NAME	VP TAYLOR, DEBORAH A.H.	· ·=		000000259558 03/11/05-80029-013 150.00	
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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.					
710.11.00					
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Dayling Photos #					
	William III O VI FIII		 	Deputine France #	