

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 06, 2007  
Secretary of**

**DOCUMENT # S11851**

1. Entity Name  
**OCEANIC ENDEAVOURS INCORPORATED**



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**



02052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0224245</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TAYLOR, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TAYLOR, FRANKLIN W., JR.
STREET ADDRESS	140 SCENIC MAGNOLIA DR
CITY-ST-ZIP	DELAND, FL 32724

TITLE	VP
NAME	TAYLOR, DEBORAH A.H.
STREET ADDRESS	140 SCENIC MAGNOLIA DR
CITY-ST-ZIP	DELAND, FL 32724

TITLE	
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04/16/07-80015-006 150.00

**DO NOT WRITE  
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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:** Franklin W. Taylor **FRANKLIN W. TAYLOR** 28 MAR 07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #