

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90045 044 \*\*\*150.00

**DOCUMENT # S69322**

1. Entity Name

OCEAN OPTICAL OF THE BLUFFS, INC.



Principal Place of Business

4050 SOUTH US HWY 1  
SUITE 317  
JUPITER FL 33477  
US

Mailing Address

4050 SOUTH US HWY 1  
SUITE 317  
JUPITER FL 33477  
US

11011001



MOORE CR2E034 (11/03)

2. Principal Place of Business

390 Mars Way  
Suite, Apt. #, etc.

3. Mailing Address

390 Mars Way  
Suite, Apt. #, etc.

City & State

Juno Beach FL

City & State

Juno Beach FL

4. FEI Number

65-0284145

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

33408

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POARCH, TERRIE  
4050 US HWY 1  
SUITE 317  
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

390 Mars Way

City

Juno Beach

FL

Zip Code

33408

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME POARCH, TERRIE  
STREET ADDRESS 4050 SOUTH US HWY #1, STE 317  
CITY-ST-ZIP JUPITER FL

TITLE D ☐ Delete  
NAME POARCH, ALLAN  
STREET ADDRESS 4050 SOUTH US HWY #1, STE 317  
CITY-ST-ZIP JUPITER FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME ☒ Change ☐ Addition  
NAME 390 Mars Way  
STREET ADDRESS Juno Beach, FL 33408  
CITY-ST-ZIP

TITLE SAME ☒ Change ☐ Addition  
NAME 390 Mars Way  
STREET ADDRESS Juno Beach, FL 33408  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: Terrie Poarch Terrie Poarch  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04

Date

561-~~4~~627-0349

Daytime Phone #