

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90273 019 \*\*\*150.00

<b>DOCUMENT # S94364</b> 1. Entity Name <b>OCEANSIDE BEACH SERVICE, INC.</b>			
Principal Place of Business 1165 E. BLUE HARBOR BLVD SINGER ISLAND FL 33404		Mailing Address 1165 E. BLUE HARBOR BLVD SINGER ISLAND FL 33404 US	
2. Principal Place of Business <i>2323 LAKE DRIVE</i>		3. Mailing Address <i>2323 LAKE DRIVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Singer Island FL</i>		City & State <i>Singer Island FL</i>	
Zip <i>33404</i>		Zip <i>33404</i>	
Country <i>Palm Beach</i>		Country <i>Palm Beach</i>	
4. FEI Number <b>65-0296488</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NOVATKA, VANESSA</b> <b>136 LINDA LAND</b> <b>PALM BEACH SHORES FL 33404</b>		7. Name and Address of New Registered Agent Name <i>MICHAEL NOVATKA</i> Street Address (P.O. Box Number is Not Acceptable) <i>2323 LAKE DRIVE</i> City <i>Singer Island</i> <b>FL</b> Zip Code <i>33404</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 <i>[Signature]</i> DATE <i>5/24/05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>C</b> <b>NOVATKA, MICHAEL</b> <b>136 LINDA LN</b> <b>PALM BCH SHORES FL</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>NOVATKA, VANESSA</b> <b>136 LINDA LANE</b> <b>PALM BEACH SHORES FL 33404</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>SEAN PAYNE</i>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
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 other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date <i>4/26/05</i> Daytime Phone # <i>561 722 2547</i>	