

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 414521

Entity Name: OCEAN COVE TRAILER PORT, INC.**Current Principal Place of Business:**92101 OVERSEAS HWY
UNIT 21
TAVERNIER, FL 33070**Current Mailing Address:**PO BOX 33
SOUND BEACH, NY 11789-0033 US**FEI Number: 59-1525615****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GESSEL, PATRICIA
99530 OVERSEAS HWY. #2
KEY LARGO, FL 33037 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	KINGSBURY, BRUCE
Address	92101 OVERSEAS HWY.
City-State-Zip:	TAVERNIER FL 33070

Title	VP
Name	LAYTON, LEE
Address	92101 OVERSEAS HWY
City-State-Zip:	TAVERNIER FL 33070

Title	DIRECTOR
Name	ZABRANSKY, CONRAD J
Address	92101 OVERSEAS HWY
City-State-Zip:	TAVERNIER FL 33070

Title	CFO
Name	BURKE, ROBERT J
Address	92101 OVERSEAS HWY.
City-State-Zip:	TAVERNIER FL 33070

Title	SECRETARY
Name	PAPENHAUSEN, WILLIAM
Address	92101 OVERSEAS HWY
City-State-Zip:	TAVERNIER FL 33070

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT J BURKE**CFO****01/12/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date