

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 523832

Entity Name: 6767 NORTH OCEAN BOULEVARD, INC.**Current Principal Place of Business:**6767 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435**Current Mailing Address:**6767 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435**FEI Number:** 59-1855761**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAPIN, ROBERT D.
1201 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483 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	TD
Name	CLAY, JOHN
Address	6767 N. OCEAN BLVD
City-State-Zip:	OCEAN RIDGE FL 33435

Title	SD
Name	LOUIS, JOSEPHINE
Address	6767 N. OCEAN BLVD
City-State-Zip:	OCEAN RIDGE FL 33435

Title	VD
Name	DREW, EDWARD
Address	6767 N. OCEAN BLVD
City-State-Zip:	OCEAN RIDGE FL 33435

Title	PD
Name	MCCOY, JOHN
Address	6767 N OCEAN BLVD
City-State-Zip:	OCEAN RIDGE FL 33435

Title	D
Name	KISHBAUGH, HERBERT
Address	6767 N OCEAN BLVD
City-State-Zip:	OCEAN RIDGE FL 33435

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: JOHN MCCOY**PRESIDENT****03/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date