

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 191967

FILED
Jan 15, 2005
Secretary of State

Entity Name: FLORIDA DOCKING MASTERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 11346
JACKSONVILLE, FL 322391346

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11346
JACKSONVILLE, FL 322391346

New Mailing Address:

FEI Number: 59-0773415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEARNS, ROBERT L
4666 HARBOUR NORTH COURT
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: THOMAS, FREDERICK
Address: 3307 ABBEYFIELD DRIVE E
City-St-Zip: JACKSONVILLE, FL 322770774

Title: VPT () Delete
Name: STEARNS, ROBERT L
Address: 4666 HARBOUR NORTH CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: M () Delete
Name: HOGG, GEORGE
Address: 7768 LYNCHBURG CT E.
City-St-Zip: JACKSONVILLE, FL 32277

Title: P () Delete
Name: VOISIN, ERNIE
Address: 504 CHANCELLOR DR E.
City-St-Zip: JACKSONVILLE, FL 32225

Title: M () Delete
Name: JAMES, FRUDAKER
Address: 1400 LAWRENCE PLACE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: VOISIN, ERNIE
Address: 289 PINE ST..
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: P (X) Change () Addition
Name: JAMES, FRUDAKER
Address: 1400 LAWRENCE PLACE
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT L. STEARNS

VPT

01/15/2005

Electronic Signature of Signing Officer or Director

_____ Date