


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90043 029 ***150.00

DOCUMENT # P05000069693			
1. Entity Name FLORIDA DOCK BUILDERS INC.			
Principal Place of Business 2557 GULF BREEZE AVE PENSACOLA, FL 32507 US		Mailing Address PO BOX 34450 PENSACOLA, FL 32507 US	
2. Principal Place of Business <input type="checkbox"/> No P.O. Box # 40 BROWN'S LANE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State PENSACOLA FL		City & State	
Zip 32507	Country US	Zip	Country
6. Name and Address of Current Registered Agent DAVIS, KENNETH M 2557 GULF BREEZE AVE. PENSACOLA, FL 32507		7. Name and Address of New Registered Agent Name: DAVIS, Kenneth M. Street Address (P.O. Box Number is Not Acceptable): 40 BROWN'S LANE City: PENSACOLA FL Zip Code: 32507	
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>Kenneth M. Davis</i> Kenneth M. Davis President 1-22-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, KENNETH M 2557 GULF BREEZE AVE PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVIS, Kenneth M PO Bx 34450 PENSACOLA FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, KENNETH M PO BOX 34450 PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kenneth M. Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1-22-07 Daytime Phone #: 850-457-2920	

DUPLICATE



01102007 Chg-P CR2E034 (12/06)

4. FEI Number 81-0671579 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required