


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 488166**  
 1. Entity Name  
**THE LOADING DOCK, INC.**



Principal Place of Business      Mailing Address  
**100 MADISON STREET**      **100 MADISON STREET**  
**TAMPA, FL 33602**      **TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**



05052005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1629895**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**DOWD, HENRY R**  
**23110 SR 54**  
**NO. 317**  
**LUTZ, FL 33549**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ROWE, RICHELLE D
STREET ADDRESS	13314 GULF CREST CIRCLE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	P
NAME	ROWE, LINDA
STREET ADDRESS	68 ADALIA
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	T
NAME	ROWE, RICK D
STREET ADDRESS	68 ADALIA
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	SVP
NAME	ROWE, KARLENE K
STREET ADDRESS	13314 GULF CREST CIRCLE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michelle Rowe      5/11/05 813 223 6905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #