


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 142642</b> 1. Entity Name <b>FORT DALLAS DOCKS, INC.</b>	
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Principal Place of Business <b>C/O TAX DEPARTMENT 250 EAST FIFTH STREET 27TH FLOOR CINCINNATI, OH 45202</b>	Mailing Address <b>C/O TAX DEPARTMENT 250 EAST FIFTH STREET 27TH FLOOR CINCINNATI, OH 45202</b>
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**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0522457</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FILLIATER, JEFF E 250 EAST FIFTH ST. CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARTER, MICHAEL 250 EAST 5TH ST. CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADLEY, JOSEPH W 250 E FIFTH ST CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOWLAND, BARBARA M 250 EAST 5TH ST. CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/20/06-80023-004 150.00

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 supplement thereto 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:**  **Joseph W. Bradley** **02/01/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #