## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 191967**

FILED Jan 09, 2007 Secretary of State

Entity Name: FLORIDA DOCKING MASTERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
P.O. BOX 11346 JACKSONVILLE, FL 322391346				4666 HARBOUR NORTH COURT. JACKSONVILLE, FL 32225		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 11346 JACKSONVILLE, FL 322391346						
FEI Number: 59-0773415 FEI Number Applied For ( ) FEI Number		FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
STEARNS, ROBERT L 4666 HARBOUR NORTH COURT JACKSONVILLE, FL 32225 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						
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	M () Dele THOMAS, FREDERI 3307 ABBEYFIELD JACKSONVILLE, FL	ICK DRIVE E		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VPT () Dele STEARNS, ROBERT 4666 HARBOUR NO JACKSONVILLE, FL	T L PRTH CT		Title: Name: Address: City-St-Zip:		(X) Change () Addition ROBERT L OUR NORTH CT ILLE, FL 32277 US
Title: Name: Address: City-St-Zip:	M () Dele HOGG, GEORGE 7768 LYNCHBURG JACKSONVILLE, FL	CT E.		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	M () Dele VOISIN, ERNIE 2100 OCEAN DR. S JACKSONVILLE BE	i. (APT. 3-F)		Title: Name: Address: City-St-Zip:	M VOISIN, ERI 289 PINE S ATLANTIC B	
Title: Name: Address: City-St-Zip:	P () Dele JAMES, FRUDAKER 1400 LAWRENCE F JACKSONVILLE, FL	R PLACE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	M () Dele RAMSEY, DANIEL 3461 PINE AVE. JACSONVILLE, FL			Title: Name: Address: City-St-Zip:		() Change () Addition
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 VP 01/09/2007