2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #848506

1. Entity Name DOCK SQUARE CLOTHIERS INCORPORATED



FILED Feb 11, 2008 08:00 AM Secretary of State

TITLE PD POWELL, BRIAN F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
DO NOT WRITE IN THIS SPACE Document Doc	% BRIAN POWELL 1210 E. ATLANTIC AVENUE 1210 E. ATLANTIC AVENUE				
Applied For O1-0371485 Applied For O1-037148	DELRAY BEA	ACH, FL 33483	DELRAY BEACH, FL 33483		
B. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organized agent and title 1 applicable. Signature Species of organ	_				01092008 No Chg-P CR2E034 (11/05)
S. Certificate of Status Desired S. Ce	DO NOT WRITE IN THIS SPACE			CE	
POWELL BRIAN F. 1210 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483 B. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Fonds. 7 am familiar with, and accept the obligations of registered agent. SIGNATURE True Now!!! FEE 18 \$150.00					5 Certificate of Status Desired
12:10 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483 IN THIS SPACE 8. The above nemed entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent. Signature: The NowIII FEE IS \$150.00	6. Name and Address of Current Registered Agent]	1
the obligations of registered agent. SigNATURE Signature System of registered agent and title if applicable FILE NOWNII FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00 OFFICERS AND DIRECTORS TITLE PD POWELL, BRIAN F STREET ADDRESS CITY-5T-2P TITLE S NAME CADIGAN, PAUL W STREET ADDRESS STRET ADDRESS STRET ADDRESS CITY-5T-2P TITLE NAME STRET ADDRESS STRE	1210 E. ATLANTIC AVENUE			y salahaya sa	
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After May 1, 2008 Fee will be \$850.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRE	SIGNATURE.		of applicable (NOTE Registers	ed Agent signature required	d when reinstating) DATE
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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. (561)

SIGNATURE:

278-1255