

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848506

FILED
Apr 27, 2009
Secretary of State

Entity Name: DOCK SQUARE CLOTHIERS INCORPORATED

Current Principal Place of Business:

% BRIAN POWELL
1210 E. ATLANTIC AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

% BRIAN POWELL
1210 E. ATLANTIC AVENUE
DELRAY BEACH, FL 33483

New Mailing Address:

% BRIAN POWELL
P.O. BOX 650C
KENNEBUNKPORT, ME 04046

FEI Number: 01-0371465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, BRIAN F.
1210 E. ATLANTIC AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: POWELL, BRIAN F
Address: 1210 E ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: S () Delete
Name: CADIGAN, PAUL W
Address: 57 PORTLAND RD
City-St-Zip: KENNEBUNK, ME 04043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN POWELL

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date