

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # J32962**

**1. Entity Name**  
JACKSONVILLE DOCKING MASTERS ASSOCIATION,  
INC.



**Principal Place of Business**  
5051 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**Mailing Address**  
5051 ATLANTIC BLVD  
JACKSONVILLE, FL 32207



01142006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
59-2726967

Applied For

Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FLINT, MASON L.  
5051 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** FLINT, MASON L.  
**STREET ADDRESS** 5051 ATLANTIC BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32207

**TITLE** ST  
**NAME** FLINT, KARIN E.  
**STREET ADDRESS** 5051 ATLANTIC BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32207

**TITLE** VP  
**NAME** FLINT, MARIN D  
**STREET ADDRESS** 5051 ATLANTIC BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32207

**TITLE** VP  
**NAME** FLINT, DERIK M  
**STREET ADDRESS** 5051 ATLANTIC BLVD  
**CITY-ST-ZIP** JACKSONVILLE, FL 32207

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

11/14/06 08:00 AM  
01/24/06-80038-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Mason L. Flint*  
MASON L. FLINT

11/14/06 904-396-268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #