


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000002080	
1. Entity Name DOCK-IT OF OKEECHOBEE, INC.	

Principal Place of Business 13801 SE HWY 441, BOX 126 OKEECHOBEE, FL 34974 US	Mailing Address 13801 SE HWY 441, BOX 126 OKEECHOBEE, FL 34974 US
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BAKER, DONAVON 13801 SE HWY 441, BOX 126 OKEECHOBEE, FL 34974
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000089305 03/15/04-80086-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, DONAVON 9350 LAKE AVE S SPICER, MN 56288
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOSTI, RONALD 294 SANDHILL RD GARDINER, NY 12525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINERMAN, MAX RT 4, BOX 117 E CLARKSBURG, WV 26301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, HAROLD RT 1, BOX 395 CALIFORNIA, KY 410079400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDMUNDS, FRED 7088 MUTTON HILL RD. AUBURN, NY 130212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.

<b>SIGNATURE:</b>  <b>DONAVON BAKER</b>	<b>MARCH 12-04</b>	<b>863-357-1242</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>