

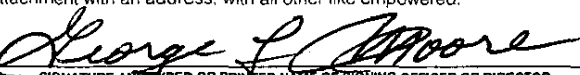


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90064 005 ****61.25

DOCUMENT # N1:1664					
1. Entity Name AMERICAN HARBOR AND DOCKING PILOTS ASSOCIATION, INC.					
Principal Place of Business 2498 BEGONIA DRIVE MIDDLEBURG FL 32068-5661			Mailing Address 2498 BEGONIA DRIVE MIDDLEBURG FL 32068-5661		
2. Principal Place of Business 942 STAVELEY DR. W.		3. Mailing Address 942 STAVELEY DR. W.			
Suite, Apt. #, etc. AKSON FILE		Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL.		City & State JACKSONVILLE, FL.		4. FEI Number 59-2701672	
Zip 32225-5259		Country DUVAL		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOORE, GEORGE L. 2498 BEGONIA DRIVE MIDDLEBURG FL 32068-5661			7. Name and Address of New Registered Agent Name MOORE, GEORGE L. Street Address (P.O. Box Number is Not Acceptable) 942 STAVELEY, DR. W. City JACKSONVILLE, FL Zip Code 32225-5259		
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 GEORGE L. MOORE  1/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOGG, GEORGE B 7768 LYNCHBURG CT B JACKSONVILLE FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROBERT, FLANNERY 46 ROWAN AVENUE STATEN ISLAND NY 10306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, FREDERICK 3307 ABBYFIELD DR E JACKSONVILLE FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOORE, GEORGE L 2498 BEGONIA DRIVE MIDDLEBURG FL 32068-5661	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, STEARNS 4666 HARBOUR NORTH CAST JACKSONVILLE FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			1/27/04 904-220-3906		
SIGNATURE: 			1/27/04 904-220-3906		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		