

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46377**

1. Entity Name  
**SANTA MARIA DOCK COOPERATIVE, INC.**



Principal Place of Business  
**6640 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931**

Mailing Address  
**6640 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931**



03092005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0307768**

Applied For  
Not Applicable

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

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

**MONSUD, MARY ANNE  
6640 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931**

**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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LOWERY, AL  
3256 PIKEWOOD COURT  
COMMERCE TOWNSHIP, MI 48382**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
DOWLING, THOMAS W  
7317 ESTERO BLVD #300  
FORT MYERS BEACH, FL 33931**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BIDGOOD, DOUGLAS  
6951 YORK STREET  
FARMINGTON, MI 48331**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000278997  
05/28/05-80047-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-21-05**

Date

Daytime Phone #