

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017390

FILED  
Apr 15, 2004  
Secretary of State

**Entity Name:** DOCKSIDE CAFE AT PORT ST. JOE MARINA, INC.

**Current Principal Place of Business:**

340 W. 1ST ST.  
PT. ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8  
PORT ST. JOE, FL 32457

**New Mailing Address:**

**FEI Number:** 59-3632514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COSTIN, CHARLES A  
413 WILLIAMS AVE.  
PT. ST. JOE, FL 32456 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: SINGLETON, CHARLOTTE  
Address: 110-D 37TH ST  
City-St-Zip: MEXICO BEACH, FL 32410

Title: VD ( ) Delete  
Name: SINGLETON, GLEN  
Address: 110-D 37TH ST  
City-St-Zip: MEXICO BEACH, FL 32410

Title: STD ( ) Delete  
Name: SINGLETON, CHARLENE  
Address: 110-C 37TH ST.  
City-St-Zip: MEXICO BEACH, FL 32410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (X) Change ( ) Addition  
Name: MATRE, CHARLENE  
Address: 1903 QUEENS RD.  
City-St-Zip: ALBANY, GA 31707

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** CHARLOTTE SINGLETON

PRES

04/15/2004

Electronic Signature of Signing Officer or Director

Date