ANNUAL REPORT (AR)

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000045565

1. Entity Name

DEE'S DOCKSIDE MAINTENANCE, INC.

Principal Place of Business	Mailing Address
12201 MOSS DRIVE FORT MYERS FL 33908	12201 MOSS DRIVE FORT MYERS FL 33908

1st MOORE

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1098680

6. Name and Address of Current Registered Agent

S.W. PROFESSIONAL SERVICES OF S. FL., INC.
13571 MCGREGOR BLVD., #22
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 ... the obligations of registered agent.

SIGNATURE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS
TITLE	PD	TITLE
NAME	DALLAS, DENISE	NAME
STREET ADDRESS	12201 MOSS DRIVE	STREET ADDRESS
CITY-ST-ZIP	FORT MYERS FL 33908	CITY-ST-ZIP

U00000366382
05/13/05-80001-018 150.00

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

SIGNATURE: Denise L. Dallas   4-12-05   239-839-1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #