

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90072 003 ***150.00

DOCUMENT # P02000006123

1. Entity Name
DOCKSIDE FINANCIAL PRODUCTS AND SERVICES, INC.



Principal Place of Business
**2211 OKEECHOBEE ROAD
FORT PIERCE, FL 34982**

Mailing Address
**ATTN: ACCOUNTING
3810 S US HWY 1
FORT PIERCE, FL 34982**

50021148



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
01-0617965

Applied For
Not Applicable

Zip
34950

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLACKWICH, ALAN S SR.
3333 20TH STREET
VERO BEACH, FL 32960**

Name **POLACKWICH, ALAN S SR.**

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

4100 20TH STREET

City **VERO BEACH**

FL

Zip Code **32960**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BROWN, TIM E
STREET ADDRESS 2211 OKEECHOBEE ROAD
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 34950
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME J. CRAIG ROBINSON
STREET ADDRESS 2211 OKEECHOBEE ROAD
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 34950
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MANSFIELD, FRANCIS P
STREET ADDRESS 2211 OKEECHOBEE ROAD
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 34950
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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

Date

Daytime Phone #

2-22-05 772-462-5058