

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000006123

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



Principal Place of Business

2211 OKEECHOBEE ROAD
FORT PIERCE, FL 34950

Mailing Address

ATTN: ACCOUNTING
3810 S US HWY 1
FORT PIERCE, FL-34982

DO NOT WRITE IN THIS SPACE

03222007

No Chg-P

CR2E034 (11/05)

4. FEI Number

01-0617965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLACKWICH, ALAN S SR.
4100 20TH SOUTH STREET
VERO BEACH, FL 32960

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, TIM E
STREET ADDRESS 2211 OKEECHOBEE ROAD
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE TD
NAME J. CRAIG ROBINSON
STREET ADDRESS 2211 OKEECHOBEE ROAD
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE SD
NAME MANSFIELD, FRANCIS P
STREET ADDRESS 2211 OKEECHOBEE ROAD
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #