

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006123

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** DOCKSIDE FINANCIAL PRODUCTS AND SERVICES, INC.

**Current Principal Place of Business:**

2211 OKEECHOBEE ROAD  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

426 AVENUE A  
FORT PIERCE, FL 34950

**Current Mailing Address:**

ATTN: ACCOUNTING  
2810 S US HWY 1  
FORT PIERCE, FL 34982

**New Mailing Address:**

426 AVENUE A  
FORT PIERCE, FL 34950

**FEI Number:** 01-0617965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANK H. FEE III, ESQ.  
426 AVENUE A  
FORT PIERCE, FL 34950 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BROWN, EDGAR A  
Address: 13939 INDRIIO ROAD  
City-St-Zip: FORT PIERCE, FL 34945

Title: VPD  
Name: RUSSAKIS, JIM G  
Address: 8801 INDRIIO ROAD  
City-St-Zip: FORT PIERCE, FL 32963

Title: SD  
Name: FEE, FRANK H III  
Address: 426 AVENUE A  
City-St-Zip: FORT PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: FRANK H. FEE III

SD

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date