

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90508 037 ***150.00

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04222005 Chg-P CR2E034 (10/03)

| | | | |
|---|---|--|--|
| DOCUMENT # P02000050790 1. Entity Name DOCKMASTERS CONSTRUCTION, INC. | | | |
| Principal Place of Business 2511 VASCO ST #116 PUNTA GORDA, FL 33950 | | Mailing Address 2511 VASCO ST #116 PUNTA GORDA, FL 33950 | |
| 2. Principal Place of Business 19264 CONGRESSIONAL CT. Suite, Apt. #, etc. | | 3. Mailing Address 19264 CONGRESSIONAL CT. Suite, Apt. #, etc. | |
| City & State N. FORT MYERS, FL Zip 33903 Country USA | | City & State N. FORT MYERS, FL Zip 33903 Country USA | |
| 4. FEI Number 81-0554967 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent NAPOLITANO, MARY L 45 OCEAN DRIVE PUNTA GORDA, FL 33950 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19264 CONGRESSIONAL CT. City N. FORT MYERS FL Zip Code 33903 | |
| 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD NAPOLITANO, MARY L 45 OCEAN DRIVE PUNTA GORDA, FL 33950 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19264 CONGRESSIONAL CT. N. FORT MYERS, FL 33903 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V IVEY, RICHARD L 45 OCEAN DRIVE PUNTA GORDA, FL 33950 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19264 CONGRESSIONAL CT. N. FORT MYERS, FL 33903 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: X Mary L Napolitano President | | X 4.25 05 941.628 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Day Daytime Phone # 0479 | |