2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

	AITITOAL	REFORE			,		a-j			
DOCUMENT # P02000050790 1. Entity Name DOCKMASTERS CONSTRUCTION, INC.						05-02-2005	5 90508 03	37 ***15	0.00	
Principal Place	ce of Business	Mailing Address				2005	4264			
#116		-#116 -								
- Punta Gor i	DA, FL 33950	PUNTA CORDA, FL 3395	i0			Iniin iinii anii: Anii anii				
	Place of Business CONGRESSIONAL CT	3. Mailing Address	SIONAL C	27.						
Suite, Apt	. #, etc.V	Suite, Apt. #, etc.		d	4222005	Chg-P	CR2E03	4 (10/03)		
N. FORT MYERS, FL N. FORT MYE.			ers, FL	4.	FEI Number 81-0554		 .	1	pplied For at Applicable	
Zip 3:	3903 Country USA	zip 33903	Country US	4 5.	Certificate of	of Status Desired	· 🗆 . \$	8.75 Add	litional d	
	6. Name and Address of Current	Registered Agent	Name	7,	Name and	Address of New F	Registered A	gent		
NAPOLITANO, MARY L										
45 OCEAN DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
- PUNTA GORDA, FL 33950 -				19264 CONDRESSIONAL CT.						
			City 11	FAR	7 M	IPRC	FL	Zip Code	23913	
	named entity submits this statement for	r the purpose of changing its re	egistered office or re	egistered a	agent, or box	i, in the State of Fl		l miliar with,	and accept	
the obliga	tions of registered agent.									
SIGNATURE.	Signature, typed or printed name of registered agent a	and true if applicable. (NOTE: F	Registered Agent signature	required when	reinstatoo)		DATE			
					1					
	.E NOW!!! FEE (S \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib		\$5.00 Added to	May Be Fees					
10.	OFFICERS AND	DIRECTORS	11.	A	DDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTORS	5 IN 11	
TITLE NAME	PSTD NAPOLITANO, MARY L	☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS	45 OCEAN DRIVE			19264	Conal	Ressiona	LCT.			
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	W. FO	RT My	IERS, FO	2 339	<u>03 </u>		
TITLE NAME	V IVEY, RICHARD L	☐ Delete	TITLE NAME		, ,	•		Change	Addition	
STREET ADDRESS	45 OCEAN DRIVE									
CITY-ST-ZIP	PUNTA GORDA, FL 33950		STREET ADDRESS	9264	Cona	RESSTON	4107			
1	TOTTA CONDA, TE 30330		STREET ADDRESS CITY-ST-ZIP	9264 V. Fo.	CONG.	RESSION LRS FL	AL C.T. 3390	3		
TITLE	TONTA GONDA, TE 33330	☐ Delete	CITY-ST-ZIP TITLE	9264 V. Fo.	CONG. RT MY	RESSION LERS FL	4LCT 3390	<u>3</u> □ Change	Addition	
TITLE NAME STREET ADDRESS	TONIA GONDA, TE 33330	☐ Delete	CITY-ST-ZIP	9264 N. Fo.	Cong. RT My	RESSION LERS _S FL	4L C.T. 3390	<u>3</u> □ Change	Addition	
NAME	TONIA GONDA, TE 33330	☐ Delete	CITY-ST-ZIP TITLE NAME	9264 N. Fo.	CONG.	RESSION PERS _Y FL	AL C.T 3390	<u>3</u> □ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TONIA GONDA, TE 33330	☐ Delete	CITY-ST-ZIP TITRE NAME STREET ADDRESS CITY-ST-ZIP TITLE	9264 V. Fo.	CONG.	RESSION RERS _S FL		☐ Change	Addition	
NAME STREET ADDRESS CITY+ST+ZIP	TONIA GONDA, TE 33330		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9264 V. Fo.	CONG. RT MY	RESSION PERS _S FL				
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TONIA GONDA, TE 33330		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	9264 V. Fo.	CONG.	RESSION PRS _S FL				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TONIA GONDA, TE GOSSO	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9264 V. Fo.	Cong.	RESSION PERS _S FL		□ Change	☐ Addition	
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: X May Ly autons PRESIDENT X 4. 25 05 941.628SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date Date Daylore Prior of O47