

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90086 001 ***158.75

DOCUMENT # P02000054148

1. Entity Name
DURABLE DOCKS, INC.



Principal Place of Business
4960 NW 53RD AVE
COCONUT CREEK, FL 33073

Mailing Address
4960 NW 53RD AVE
COCONUT CREEK, FL 33073

40004095



2. Principal Place of Business
747 Connesssee RD
Suite, Apt. #, etc.

3. Mailing Address
747 Connesssee RD
Suite, Apt. #, etc.

01182005 Chg-P CR2E034 (10/03)

City & State
West Palm Beach FL
Zip 33413 Country P.B.C.

City & State
West Palm Bch FL
Zip 33413 Country PBC

4. FEI Number
04-3677062
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONFORTI, RICHARD N JR.
4960 NW 53RD AVE
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name
Grahame Hockton
Street Address (P.O. Box Number is Not Acceptable)
747 Connesssee Road
City West Palm Bch FL Zip Code 33413

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

TITLE P
NAME CONFORTI, RICHARD N JR.
STREET ADDRESS 4960 NW 53RD AVE
CITY-ST-ZIP COCONUT CREEK, FL 33073 ☒ Delete

TITLE VD
NAME HOCKTON, GRAHAM L
STREET ADDRESS 747 CONNESTER RD.
CITY-ST-ZIP WPB, FL 33413 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE President
NAME Hockton, Graham
STREET ADDRESS 747 Connesssee RD
CITY-ST-ZIP WPB, FL 33413 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #