


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90050 042 \*\*\*150.00

<b>DOCUMENT # P03000004549</b>	
1. Entity Name <b>JET DOCK OF NORTH AND CENTRAL FLORIDA INC.</b>	

Principal Place of Business <b>306 SOUTH BAY ST. BUNNELL, FL 32110</b>	Mailing Address <b>P.O. BOX 610 BUNNELL, FL 32110</b>
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40001000



2. Principal Place of Business - No P.O. Box # <b>6 Market Pl</b>	3. Mailing Address <b>PO Box 610</b>
Suite, Apt. #, etc. <b>B</b>	Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State <b>Palm Coast FL</b>	City & State <b>Bunnell FL</b>
Zip <b>32137</b>	Zip <b>32110</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>74-3087040</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MCDERMOTT, THOMAS 8 EAGLE PASS PALM COAST, FL 32164</b>	
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7. Name and Address of New Registered Agent Name <b>Tom McPermott</b> Street Address (P.O. Box Number is Not Acceptable) <b>3 SUGAR Mill DR</b> City <b>Flagler Beach FL</b> Zip Code <b>32136</b>	
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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, the registered agent.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 1-8-07

**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 NAME STREET ADDRESS CITY-ST-ZIP	CEO MCDERMOTT, THOMAS 8 EAGLE PASS PALM COAST, FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMOTT, THOMAS 8 EAGLE PASS PALM COAST, FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMOTT, SANDRA 8 EAGLE PASS PALM COAST, FL 32164 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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]* DATE 1-8-07 Daytime Phone # \_\_\_\_\_