

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000071725

1. Entity Name  
DOCKSIDE STORAGE, INC.



Principal Place of Business

292 GRAHAM DR.  
P.O. BOX 636  
CARRABELLE, FL 32322-0636

Mailing Address

292 GRAHAM DR.  
P.O. BOX 636  
CARRABELLE, FL 32322-0636



01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0109435

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MARXSEN, PAUL  
108 SE AVE B  
CARRABELLE, FL 32322-0629

**DO NOT WRITE  
IN THIS SPACE**

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	BEVIS, J.T.
STREET ADDRESS	P.O. BOX 636
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	V
NAME	CRAWFORD, R.P.
STREET ADDRESS	P.O. BOX 897
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	S
NAME	CRAWFORD, B.W.
STREET ADDRESS	P.O. BOX 636
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

1100000203603  
01/29/05-80038-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

1/27/05 850-697-3337