

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098282

Entity Name: A-1 QUALITY DOCKS, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

323 BAY CITY RD.
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

323 BAY CITY RD.
APALACHICOLA, FL 32320

New Mailing Address:

FEI Number: 16-1682739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLSON, SUSAN G
323 BAY CITY RD.
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLSON, SUSAN G D
Address: 323 BAY CITY RD.
City-St-Zip: APALACHICOLA, FL 32320 US

Title: D () Delete
Name: COLSON, LARRY J SR
Address: 323 BAY CITY RD.
City-St-Zip: APALACHICOLA, FL 32320 US

Title: P () Delete
Name: BROOKS, RANDY C
Address: 67 15TH STREET
City-St-Zip: APALACHICOLA, FL 32320 US

Title: VP () Delete
Name: CARLSON, BERT
Address: 556 BLUFF RD APT 2
City-St-Zip: APALACHICOLA, FL 32320 US

Title: S () Delete
Name: WARD, GEORGE
Address: 556 BLUFF RD, APT 2
City-St-Zip: APALACHICOLA, FL 32320 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WARD, GEORGE W JR.
Address: 556 BLUFF RD, APT 2
City-St-Zip: APALACHICOLA, FL 32320 US

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN G. COLSON

DIR

04/29/2004

Electronic Signature of Signing Officer or Director

Date