

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90049 002 ***150.00

DOCUMENT # P03000133879 1. Entity Name DOCKSIDE MARITIME SERVICES, INC					
Principal Place of Business 601 CHANNELSIDE WALKWAY SUITE 1340 TAMPA, FL 33602			Mailing Address 601 CHANNELSIDE WALKWAY SUITE 1340 TAMPA, FL 33602		
2. Principal Place of Business 7963 CAUSEWAY BLVD S.		3. Mailing Address 7963 CAUSEWAY BLVD S.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ST PETERSBURG FL.		City & State ST PETERSBURG FL		4. FEI Number 20-0397861	
Zip 33707		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEACH, RUSSELL A 601 CHANNELSIDE WALKWAY SUITE 1340 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name LEACH RUSSELL A Street Address (P.O. Box Number is Not Acceptable) 7963 CAUSEWAY BLVD S. ST PETERSBURG FL City FL Zip Code 33707			
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME LEACH, RUSSELL A STREET ADDRESS 601 CHANNELSIDE WALKWAY CITY-ST-ZIP TAMPA, FL 33602	TITLE LEACH RUSSELL <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 7963 CAUSEWAY BLVD S. STREET ADDRESS ST PETERSBURG FL 33707 CITY-ST-ZIP		TITLE VP LEACH DEANNA <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 7963 CAUSEWAY BLVD S. STREET ADDRESS ST PETERSBURG FL 33707 CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME LEACH, DEANNA STREET ADDRESS 601 CHANNELSIDE WALKWAY CITY-ST-ZIP TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-6-05 Daytime Phone #					