

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000019470 1. Entity Name MOBY DOCK, INC.					
Principal Place of Business 114 NE FIRST STREET TRENTON, FL 32693 US			Mailing Address POST OFFICE BOX 308 TRENTON, FL 32693 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2742153	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BURT, THEODORE M ESQUIRE 114 NE FIRST STREET TRENTON, FL 32693				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MICHAEL T 6439 WEST CR 232, PO BOX 5 BELL, FL 32619	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURT, THEODORE M 114 NE FIRST STREET, PO BOX 308 TRENTON, FL 32693	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORE, FREDRIC R 13410 NW 49TH AVENUE GAINESVILLE, FL 32606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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: <i>Theodore M. Burt</i> Theodore M. Burt		2-2-06 352-463-2348 Date Daytime Phone #			