

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000019506

1. Entity Name
DOCKSIDE ENTERPRISES, INC.



Principal Place of Business
**5550 NORTH LAGOON DRIVE
PANAMA CITY BEACH, FL 32408**

Mailing Address
**5550 NORTH LAGOON DRIVE
PANAMA CITY BEACH, FL 32408**

DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0721190

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, PAMELA W
6505 PALM COURT
PANAMA CITY BEACH, FL 32408**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

11000000514183
04/29/06-80162-011 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANDERSON, KENNETH M
STREET ADDRESS 6505 PALM COURT
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE S
NAME ANDERSON, PAMELA W
STREET ADDRESS 6505 PALM COURT
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE V
NAME COX, GARY E JR.
STREET ADDRESS 6503 PALM COURT
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE T
NAME COX, SUZIE A
STREET ADDRESS 6503 PALM COURT
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Pamela W. Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06
Date

850 834-3435
Daytime Phone