

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 07, 2006 8:00 am  
Secretary of State**

04-07-2006 90027 009 \*\*\*150.00

4004000

DOCUMENT # P04000071806

1. Entity Name  
MARINE DOCKTOR, INC



Principal Place of Business  
12044 CORTEZ ROAD W  
CORTEZ, FL 34215

Mailing Address  
12044 CORTEZ ROAD W  
CORTEZ, FL 34215

2. Principal Place of Business

3. Mailing Address

P.O. Box 489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL

Zip

Zip

34215

Country

USA

01292006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-1032241

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, BRIAN  
3815 BAMBOO TERR  
BRADENTON, FL 34210

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)

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE P  
NAME WOOD, BRIAN  
STREET ADDRESS 3815 BAMBOO TERR  
CITY-ST-ZIP BRADENTON, FL 34210

Delete

TITLE ST  
NAME NEWELL-WOOD, SHEILA A  
STREET ADDRESS 3815 BAMBOO TERR  
CITY-ST-ZIP BRADENTON, FL 34210

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

x 4-4-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #