

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000079153	
1. Entity Name DOCKSIDE IMPORTS, INCORPORATED	

Principal Place of Business 11883 HIGH TECH AVENUE ORLANDO, FL 32817-1490	Mailing Address 11883 HIGH TECH AVENUE ORLANDO, FL 32817-1490
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DO NOT WRITE IN THIS SPACE

**FILED
Mar 16, 2006 08:00 AM
Secretary of State**



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2909151	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARROCH, GREG
11883 HIGH TECH AVENUE
ORLANDO, FL 32817-1490

**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 _____
(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

TITLE	P
NAME	DARROCH, GREG
STREET ADDRESS	11883 HIGH TECH AVENUE
CITY-ST-ZIP	ORLANDO, FL 328171490

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-517-9580

Date

Daytime Phone #