



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000091919 1. Entity Name SOUTHERN DRYDOCK, INC.		
Principal Place of Business 937 BULKHEAD ROAD GREEN COVE SPRINGS, FL 32043 US		Mailing Address 937 BULKHEAD ROAD GREEN COVE SPRINGS, FL 32043 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARWELL, EDWIN B 937 BULKHEAD ROAD GREEN COVE SPRINGS, FL 32043		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE	PTS	
NAME	HARWELL, EDWIN B	
STREET ADDRESS	937 BULKHEAD ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: 		4-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1338630	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fees Required	

U00000533958
05/06/06-80144-016 158.75

**DO NOT WRITE
IN THIS SPACE**