2007 FOR PROFIT CORPORATION -- ANNUAL REPORT

Feb 05, 2007 08:00 AM **DOCUMENT # P04000098892 Secretary of State** DOCKSIDE MARINE SERVICES OF CENTRAL FLORIDA, Mailing Address Principal Place of Business 450 BASIN ST 450 BASIN ST G43 G43 DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 01262007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1400486 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 10 Jung ROBERSON, MICHAEL E DO NOT WRITE 450 BASIN ST G43 IN THIS SPACE DAYTONA BEACH, FL 32114 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 obligations of registered agen SIGNATURE. registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ROBERSON, MICHAEL E NAME STREET ADDRESS 450 BASIN ST, G43 U00000620708 02/09/07-80047-021 150.00 CITY-ST-ZIP DAYTONA BEACH, FL 32114 TITLE NAME BABOOLAL-ROBERSON, HARDAI STREET ADDRESS 450 BASIN ST, G43 DAYTONA BEACH, FL 32114 CITY-ST-ZIP TITLE WALKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS

FILED

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 tips empowered.

SIGNATURE: Feb. 2.7007 954-646

SIGNATURE: SHOWATURE AND TYPED OR PROPER MADE OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR DIRECTOR

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP