

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90001 010 \*\*\*150.00

<b>DOCUMENT # P04000113314</b> 1. Entity Name <b>CENTRAL FLA EAST COAST FLOATING DOCKS INC</b>					
Principal Place of Business <b>410 SPARROW DR SATELLITE BEACH FL 32937</b>			Mailing Address <b>PO BOX 360748 MELBOURNE FL 32936</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>33-1098267</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SHATTUCK, NORMAN D. 1545 SENECA DR MELBOURNE FL 32935</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOTTEL, DAVID G 410 SPARROW DR SATELLITE BEACH FL 32937		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHATTUCK, NORMAN D 1545 SENECA DR MELBOURNE FL 32935		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: NORMAN D. SHATTUCK</b>			<b>7-25-05 321-255-7372</b>		

ATTACHMENT

06020339 8-17-05  
#P04000113314

SIR,

I DID NOT RECEIVE THE  
FORM TO SEND REPORT, I  
TALK TO LILLA<sup>SP?</sup> AND SHE  
SAID TO SEND THIS LETTER  
TO YOU AND YOU WOULD UNDERSTAND,  
THE \$150.<sup>00</sup> HAS BEEN PAID.

THANK YOU

NORMAN SHATZACK  
MD



ATTACHMENT

46026339

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 29, 2005

CENTRAL FLA EAST COAST FLOATING DOCKS INC  
PO BOX 360748  
MELBOURNE, FL 32936

Subject: CENTRAL FLA EAST COAST FLOATING DOCKS INC

Reference Number: P04000113314

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION