2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040705

FILED Feb 19, 2009 Secretary of State

Entity Name: THE DOCK DOCTOR OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	E HILL DRIVE CID, FL 33852	US		
Current M	lailing Addres	s:	New Mailing Address	s:
	E HILL DRIVE CID, FL 33852	US		
FEI Number	: 16-1720086	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
	T, JOHN D OWN	NER		
3235 LAKI LAKE PLA The above	É HILL DR. ICID, FL 33852	US	purpose of changing its registere	d office or registered agent, or both,
3235 LAKI LAKE PLA The above	É HILL DR. CID, FL 33852 e named entity s e of Florida.	US	purpose of changing its registere	d office or registered agent, or both,
3235 LAKI LAKE PLA The above in the Stat	É HILL DR. CID, FL 33852 e named entity s e of Florida. RE:	US		d office or registered agent, or both, Date
3235 LAKI LAKE PLA The above in the Stat SIGNATU	É HILL DR. CID, FL 33852 named entity se of Florida. RE: Electroni	US ubmits this statement for the p		
3235 LAKI LAKE PLA The above in the Stat SIGNATU Election Ca	É HILL DR. CID, FL 33852 named entity se of Florida. RE: Electroni	US ubmits this statement for the place of Registered Ag Trust Fund Contribution ().	ent	
3235 LAKI LAKE PLA The above in the Stat SIGNATU Election Ca	E HILL DR. CID, FL 33852 e named entity s e of Florida. RE: Electroni mpaign Financing S AND DIRECT	US ubmits this statement for the plants this statement for the plants of Registered Ag Trust Fund Contribution (). FORS: Delete N DRIVE	ent	Date

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. BARRETT PTD 02/19/2009