## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



**FILED** Jun 21, 2006 8:00 am Secretary of State 5/2

1. Entity Name "A" DOCK & SEAWALL COMPANY							05-02-2	2006 90.	174 015	***150.00
Principal Place of Business Mailing Address					<u> </u>	7	•	, u u = ·	<b>-</b> - · ·	
2421 NORTHWEST 16TH LANE, SUITE 4  POMPANO BEACH, FL 33064  2421 NORTHWEST 16TH POMPANO BEACH, FL 3:					E, SUITE 4					
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.			ite, Apt. #, etc.		04192006	Chg-P	CR2E	034 (11/05)		
City & State			ly & State		4. FEI Numb	270	2958		oplied For of Applicable	
Ζip	Country Zi		Zip Coun		ntry	5. Certificat	e of Status Desired	0	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent					None	7. Name an	d Address of New	Registered	Agent	
SPIEGEL & UTRERA, P.A.					Name					
1840 SW 22ND ST. 4TH FLOOR					Street Address	(P.O. Box Numb	er is Not Acceptab	le)		
MIAMI, FL	33145				City			FL	Zip Cod	<u> </u>
8. The above	named entity submits this statemen	t for the out	roose of changing its	recister	ad office or registr	ered aceal or b	oth in the State of E		_ (	904 9000
<ol> <li>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.</li> </ol>										
SIGNATURE_	Signature, typed or previou name of regulated as	gent and title if a	policatile (MOTE	. Registers	nd Agent aigneture require	ad when remakasing)		DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Élection Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS A	ND DIRECT	ORS	11.		ADDITIONS	CHANGES TO OF	FICERS ANI	DIRECTOR	S IN 11
TITLE	PSTD		☐ Delete	m	- 1				Charrige	Addition
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CITY-SI-ZIP	<b>'</b>	/			-\$1-ZP					1
12. I hereby	certify that the information supplied	vitti this lilin	does no quality to	the ex	emptions containe	ed in Chapter 11	9. Florida Statutes.	further cer	tily that the ir	formation
12. I hereby cerulty that the information supplied with this filling closs nonquality 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 eath; that I am an officer or director of the corporation or the receiver or trustee entrowered to execute the has 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 fillner, the empoyered.										Block 11 if
1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								210		
SIGNAT	TURE:		<u></u>	716000	757	100- DC	240			