


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90043 029 \*\*\*150.00

|                                                     |                                                                                   |
|-----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000069693</b>                      |  |
| 1. Entity Name<br><b>FLORIDA DOCK BUILDERS INC.</b> |                                                                                   |

|                                                                                       |                                                                   |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br><b>2557 GULF BREEZE AVE<br/>PENSACOLA, FL 32507 US</b> | Mailing Address<br><b>PO BOX 34450<br/>PENSACOLA, FL 32507 US</b> |
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|--------------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>40 BROWN'S LANE</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State<br><b>PENSACOLA FL</b>                                      | City & State                              |

|                     |                      |     |         |
|---------------------|----------------------|-----|---------|
| Zip<br><b>32507</b> | Country<br><b>US</b> | Zip | Country |
|---------------------|----------------------|-----|---------|

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|------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>DAVIS, KENNETH M<br/>2557 GULF BREEZE AVE.<br/>PENSACOLA, FL 32507</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>DAVIS, Kenneth M.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>40 BROWN'S LANE</b><br>City <b>PENSACOLA</b> FL Zip Code <b>32507</b>                                                                                                                                                                                                                          |  |
| 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.<br>SIGNATURE <b>Kenneth M. Davis President</b> 1-22-07<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |  |

|                                                                               |                                                                                                                           |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>DAVIS, KENNETH M<br/>2557 GULF BREEZE AVE<br/>PENSACOLA, FL 32507</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PRESIDENT<br/>DAVIS, Kenneth M<br/>PO Bx 34450<br/>PENSACOLA FL 32507</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>DAVIS, KENNETH M<br/>PO BOX 34450<br/>PENSACOLA, FL 32507</b> <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |

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| 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: <b>Kenneth M. Davis</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1-22-07</b> <b>850-457-2920</b><br>Date Daytime Phone # |