

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000069813

1. Entity Name  
DOCK REPAIR & MAINTENANCE, INC.



**FILED  
Apr 24, 2006 8:00 am  
Secretary of State**

04-24-2006 90436 019 \*\*\*150.00

Principal Place of Business  
2121 MAIN STREET  
SUITE C  
SARASOTA, FL 34237 US

Mailing Address

2121 MAIN STREET  
SUITE C  
SARASOTA, FL 34237 US

2. Principal Place of Business  
13431 158<sup>th</sup> St. N

3. Mailing Address  
13431 158<sup>th</sup> St. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Jupiter FL

City & State  
Jupiter FL

Zip 33478

Country USA

Zip 33478

Country USA



04152006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-4196051

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLSON, ANTHONY E  
2121 MAIN STREET  
SUITE C  
SARASOTA, FL 34237

Name Mackail + Sterling CPA + Assoc

Street Address (P.O. Box Number is Not Acceptable)

636 US Hwy #1 Ste 118

City North Palm Beach FL Zip Code 33408

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 Mackail + Sterling CPA + Assoc

4-21-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPTS  
NAME HEINRICH, PETER  
STREET ADDRESS IM TIEFENTHAL 15  
CITY-ST-ZIP BURLODINGEN, -- 72393

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS  
NAME Heinrich Peter  
STREET ADDRESS 13431 158<sup>th</sup> St. N  
CITY-ST-ZIP Jupiter, FL 33478

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

Change  Addition

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: P. Heinrich

4.21.06

561 748 0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #