## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000113885

Entity Name: DOCKSIDE CATERING INC

FILED Apr 01, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

4001 NEWBERRY RD SUITE B3-3 4001 W. NEWBERRY RD GAINESVILLE, FL 32607 US

SUITE B3-3

GAINESVILLE, FL 32607 US

**Current Mailing Address:** New Mailing Address:

4001 NEWBERRY RD SUITE B3-3 4001 W. NEWBERRY RD GAINESVILLE, FL 32607

SUITE B3-3

GAINESVILLE, FL 32607 US

FEI Number: 20-3360883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERTS, JERRY 4001 NEWBERRY RD SUITE B3-3

GAINESVILLE, FL 32607

ROBERTS, JERRY 4001 W. NEWBERRY RD SUITE B3-3 GAINESVILLE, FL 32607 US

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.

SIGNATURE: 04/01/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

ROBERTS, JERRY ROBERTS, JERRY Name: Name:

4001 NEWBERRY RD SUITE B3-3 4001 W. NEWBERRY RD SUITE B3-3 Address: Address:

City-St-Zip: GAINESVILLE, FL 32607 US City-St-Zip: GAINESVILLE, FL 32607 US

Title: Title: () Delete (X) Change ( ) Addition Name:

COHEN, ANDY Name: COHEN, ANDY

4001 NEWBERRY RD SUITE B3-3 4001 W. NEWBERRY RD SUITE B3-3 Address: Address: GAINESVILLE, FL 32607 US GAINESVILLE, FL 32607 US City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition Name: THEOHARIS, JIM Name:

THEOHARIS, JIM 4001 W. NEWBERRY RD SUITE B3-3 4001 NEWBERRY RD SUITE B3-3 Address: Address:

City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

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.

Ρ SIGNATURE: JERRY ROBERTS 04/01/2009