

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000142526

1. Entity Name  
MIKE'S DOCKSIDE RESTAURANT, INC.



FILED

06 JUL 11 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
14333 CRABTRAP COURT  
HUDSON, FL 34667

Mailing Address  
14333 CRABTRAP COURT  
HUDSON, FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

06202006

Chg-P

CR2E034 (11/05)

4. FEI Number

68-0615527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEBER, MIKE  
14333 CRABTRAP COURT  
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when certifying)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WEBER, MIKE  
STREET ADDRESS 14333 CRABTRAP COURT  
CITY-ST-ZIP HUDSON, FL 34667 ☐ Delete

TITLE VD  
NAME WILSON, JAY  
STREET ADDRESS 14333 CRABTRAP COURT  
CITY-ST-ZIP HUDSON, FL 34667 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S.T.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900077681629  
07/18/06--01049--014 \*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE JC 7/14  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-06

Date

Daytime Phone #

**WHITE DOVE BUSINESS & FINANCIAL SERVICES, INC.**

7237 S. R. 52  
BAYONET POINT, FL 34667  
(727) 861-2722  
FAX: 861-7190

June 20, 2006

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: P05000142526  
~~MIKE'S DOCKSIDE RESTAURANT, INC.~~

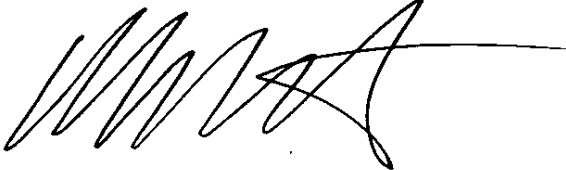
Dear representative;

Please find enclosed an application for reinstatement for the above named corporation and an amount for \$150.00 to cover the fees. We never received notification of the annual report.

We sincerely appreciate your attention to this matter. Please do not hesitate to contact us with any information you may require or for questions you may have.

Thank you.

Richard Boyko, Accountant  
MIKE'S DOCKSIDE RESTAURANT, INC.

A handwritten signature in black ink, appearing to be 'R. Boyko', written over a horizontal line.