2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # P05000147249					p				
1. Entity Name					-	ILEC)		
DOCKMASTER OF LAKE COUNTY, INC.					00 4444				
			67		06 MAY	15 PM	1:40		
				1					
Principal Place of Business Mailing Address					SECRETA LALLAHA	4kY OF	STATE		
1923 HILLTOP DRIVE				1	TALLAHA	SSEE, I	LORBA		
MOUNT DORA, FL 32757	JNT DORA, FL 32757 MOUNT DORA, FL 32757								
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Principal Place of Business 3. Mailing Address									
1004 CITRUS AVE	204 CITRUS AVE 1004 LITRUS AVI				ı meiri mirri dülli detti 90t	01 11811 TIBII 18	EIB (IB)) EIBIB 181	HMB) II HMB)	
Suite, Apt. #, etc.	le, Apt. #, etc. Suite, Apt. #, etc.			04262006	Chg-P	CROE	34 (11/05)		
HOWEY-IN-THE-HILLS, FL HOWEY-IN-THE-HILL			-	4. FEI Numb			— — — i	plied For	
	Country Zip Country			20-379	1435	····		t Applicable	
Zip Country 1254	34737	USA		5. Certificate	of Status Desired	IJ ∀	\$8.75 Add		
<u> </u>	6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent						
			Name						
CLEMENT, G. EDWARD			Street Address (P.O. Box Number is Not Acceptable)						
308 EAST FIFTH AVE MOUNT DORA, FL 32757			Street Address (F.O. Box Number is Not Acceptable)						
MODILE BOILA, I E 32737									
		City					Zip Code		
						FL	• `	į	
The above named entity submits this statement for the the obligations of registered agent.	e purpose of changing its	registered office	or register	ed agent, or bo	th, in the State of Fid	orida. Lam	familiar with,	and accept	
the congations of regions of agents.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
9. Election Campaign Financing \$5.00 May Be									
Amended AR is \$61.25 Trust Fund Contribution. Added to Fees									
10. OFFICERS AND DIF	FCTORS	11.		ADDITIONS	IOUANOEO TO OFF	10500 1115	DIDECTOR		
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STREET ADDRESS 1923 HILLTOP DRIVE STREE			STEU	EN JAVE	SHORE DE				
CITY-ST-ZIP MOUNT DORA, FL 32757 CITY			300	TAVA	PB, FL 30-	778			
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NAME	NAM			Note A. KEY					
STREET ADDRESS	- · · ·								
CITY-ST-ZIP	City-			J-IM-THE	thus, FL 34	1737			
TITLE	☐ Delete	TITLE	VP/	ST Amelyeda			Change	1 ■ Addition	
NAME STREET ADDRESS	VAME NAME			STEVE ROTHEHILD RESS 39959 LAKESHORE DR.					
CITY-SI-ZIP	1 /6 /10.1			TAVARES (FL 30776)					
tinue (1/2)	7\-	CITY-ST-ZIP	TAY	VAKENIA	L 24/16		П оь		
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NAME STREET ADDRESS		NAME STREET ADDRESS							
CHY-ST-ZIP		CITY-ST-ZIP							
	s filing does not qualify fo		1 contained	in Chanter 110	9 Florida Statutes 1	further cer	tify that the in	formation	
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.	as required by Cl	iapiei 607	, r ionua statute	за, ани тапту пат	e appears i	II DIUCK TU OF	BIOCK 11 If	
D. N.					11 Inclas	~~	0	n ¬	
SIGNATURE: 450 TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Davigne Phone #									
SIGNATURE AND TIPED ON PHINI	CO NAME OF BROKING OFFICER	ON DIRECTOR			Date		wysine Phone #		