

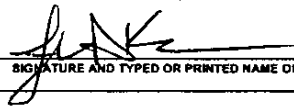


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P05000147249</b> 1. Entity Name <b>DOCKMASTER OF LAKE COUNTY, INC.</b>						<b>FILED</b> <b>06 MAY 15 PM 1:40</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business 1923 HILLTOP DRIVE MOUNT DORA, FL 32757				Mailing Address 1923 HILLTOP DRIVE MOUNT DORA, FL 32757			
2. Principal Place of Business <b>1004 CITRUS AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1004 CITRUS AVE</b> Suite, Apt. #, etc.					
City & State <b>HOWEY-IN-THE-HILLS, FL</b>		City & State <b>HOWEY-IN-THE-HILLS, FL</b>		4. FEI Number <b>20-3791435</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34737</b>		Country <b>USA</b>		Zip <b>34737</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04262006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent  <b>CLEMENT, G. EDWARD</b> <b>308 EAST FIFTH AVE</b> <b>MOUNT DORA, FL 32757</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEY, JOHN A 1923 HILLTOP DRIVE MOUNT DORA, FL 32757			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEVE ROTHSCHILD 3005D LAKESHORE DR. TAVARES, FL 32778		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN A. KEY 1004 CITRUS AVE. HOWEY-IN-THE-HILLS, FL 34737		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, ST STEVE ROTHSCHILD 3005D LAKESHORE DR. TAVARES, FL 32778		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.				500075219045 05/25/06--01009--016 **70.00			
SIGNATURE: 				4/26/06 352-383-2777 <small>Date Daytime Phone #</small>			