


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90082 029 ***150.00

DOCUMENT # P06000G47576		
1. Entity Name AMERICAN DOCKS, INC.		
Principal Place of Business 935 DOUGLAS ST. SE PALM BAY FL 32909		Mailing Address 935 DOUGLAS ST. SE PALM BAY FL 32909
2. Principal Place of Business - No P.O. Box # 3996 HIELD ROAD NW	3. Mailing Address 3996 HIELD ROAD NW	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State PALM BAY, FLORIDA	City & State PALM BAY, FLORIDA	
Zip 32907	Country	Zip 32907
Country		Country



1st MOORE CR2E034 (10/06)

4. FEI Number 20-4794277		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RAIA, CELIA 935 DOUGLAS ST. SE PALM BAY FL 32909		7. Name and Address of New Registered Agent Name RAIA, CELIA Street Address (P.O. Box Number is Not Acceptable) 3996 HIELD ROAD NW City PALM BAY FL Zip Code 32907

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 *Celia Raia* **CELIA RAIA**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAIA, CELIA 935 DOUGLAS ST. SE PALM BAY FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAIA, CELIA 3996 HIELD ROAD NW PALM BAY, FLA 32907 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAIA, TROY 935 DOUGLAS ST. SE PALM BAY FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAIA, TROY 3996 HIELD ROAD NW PALM BAY, FLA 32907 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAIA, JOHN 935 DOUGLAS ST. SE PALM BAY FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAIA, JOHN 3996 HIELD ROAD NW PALM BAY, FLA 32907 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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: *Celia Raia* **CELIA RAIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2007

Date

321-652-4059

Daytime Phone #