# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Aug 05, 2008**
**Secretary of State**

DOCUMENT# P07000045948

**Entity Name:** GREEN HERON DOCKS, INC.

**Current Principal Place of Business:**

4440 MERRIMACK AVE.
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

4440 MERRIMACK AVE.
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

**FEI Number: 20-8854936** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LAMPE, WALTER M
4440 MERRIMACK AVE.
JACKSONVILLE, FL 32210 US

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

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: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: HOLLAND, JOHN ROB
Address: 4114 HERSCHEL ST.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP ( ) Delete
Name: MORTIMER, ROBERT ERIC
Address: P.O. BOX 50818
City-St-Zip: JACKSONVILLE BEACH, FL 32240 US

Title: SEC ( ) Delete
Name: LAMPE, WALTER M
Address: 4440 MERRIMACK AVE.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DIR ( ) Delete
Name: LAMPE, WALTER M
Address: 4440 MERRIMACK AVE.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DIR ( ) Delete
Name: HOLLAND, JOHN ROB
Address: 4114 HERSCHEL ST.
City-St-Zip: JACKSONVILLE, FL 32210 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LAMPE, WALTER M
Address: 4440 MERRIMAC AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WALTER M. LAMPE VP 08/05/2008

Electronic Signature of Signing Officer or Director Date