2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000104151 1. Entity Name VERSADOCK OF NORTH FLORIDA, INC.								08 SEP 16 PH 4: 15					
Principal Place of Business 374 WAHOO ROAD PANAMA CITY BEACH, FL 32411				Mailing Address PO BOX 27785 PANAMA CITY BEACH, FL 32411					RE WAS	SEE. FI	TATE		
2. Principal P	lace of Busin	ness - No P.O. Box #	. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				08262008	Chg-P	CR2E0	34 (12/06))	
City & State				City & State				4. FEI Numb	er		}	pplied For lot Applicable	
Zip	Country			Zip Cour		try	5. Ce		of Status Desired		\$8.75 Ad Fee Requin		
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of New R	egistered A	Agent		
LUCAS, ROBERT P 374 WAHOO ROAD PANAMA CITY BEACH, FL 32411						Street A	ddress (i	P.O. Box Numb	er is Not Acceptable	Acceptable)			
						City				FL	Zip Cod	de	
 The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent. 									th, in the State of Flo	orida. I am i	familiar with	, and accept	
the obligations of registered agent. SIGNATURE Signature, typed or printed instrue of registered agent and title if applicable. (NOTE: Registered Agent signature required when resisting) DATE													
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing							\$5.	.00 May Be	In accordance y	with s. 607			
Due by September 12, 2008 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11.								ed to Fees	corporation did	 	· · · · · · · · · · · · · · · · · · ·		
10. Tile	OFFICERS AND DIRECTORS P Delote					<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME STREET ADDRESS CITY-ST-ZIP	LUCAS, ROBERT P 374 WAHOO ROAD PANAMA CITY BEACH, FL 32411					e et adoress -st-zip		09767080032015 ***150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MDelete LUCAS, ROBERT L 374 WAHOO ROAD PANAMA CITY BEACH, FL 32411					E E ET ADORESS - ST-ZP	V 270 PAN	CUS, MARY M. 14 WAHOO RO. NAMA CITY BEACH, FL 32411					
TITLE NAME STREET ADDRESS CITY-ST-ZIP											☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Oelete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ 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.													
SIGNAT	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Days The Prome #												