2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # P93000034861 1. Entity Name C & D DOCK WORKS, INC.							04-27-2005 90310 014 ***150.00			
Principal Place of Business 5403 HOLDEN RD COCOA, FL 32927			Mailing Address 5403 HOLDEN RD COCOA, FL 32927							
2. Principal Place of Business 7060 N. U.S.1			3. Mailing Address 7060 N. U.S.1							
Suite, Apt. #, etc. 104			Suite, Apt. #, etc. 104			04212005	Chg-P	CR2E034 (10/	03)	
City & State Cocoa, F1.			City & State Cocoa, F1.			4. FEI Numb 59-318			Applied For Not Applicable	
Zip 32927		Country U.S.A.			S.A.		of Status Desired	Fee Rec	Additional quired	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name Brunty, Lenore					
BRUNTY, 5403 HOLI COCOA, F	DEN RD.	S R					er is Not Acceptable	·)		
					City		.	FL Zip	Code 32927	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Software, typed or primed name of registaryd agent and tale if applicable. (NOTE: Registered Agent agreture required when remistating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	PD	OFFICERS AND	DIRECTORS Delete	11.	Īv.	ADDITIONS,	CHANGES TO OFF	ICERS AND DIREC		
NAME STREET ADDRESS CITY-ST-ZIP	BRUNTY, 5403 HOL COCOA,			NAME STREET A CITY-ST-	MOORESS 70	runty, Lend 160 N. U.S	.1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	ADORESS	ocoa, Fl.	3292/	☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET A CITY-ST-	L L			☐ Cha	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Oclete	TITLE NAME STREET A CITY-ST-	l l			☐ Cha	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST	1			☐ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET A CITY-ST	1			☐ Cha	inge 🔲 Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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. V.P. (321) SIGNATURE: Lenore Brunty 4-25-05 631-4731										
SIGNAT	TIER.	SPANIO	X Wylney.	Lenc	ore pru	iii Ly	4-25-05	ο.)1-4/JI	