# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2005 8:00 am**
**Secretary of State**
01-12-2005 90009 026 ***150.00

DOCUMENT # P93000083879

1. Entity Name
A D T DOCK & FLOATATION ENTERPRISES, INC.

66001003

| Principal Place of Business | Mailing Address |
|---|---|
| 105 15TH ST. S.E.<br>STEINHATCHEE, FL 32359 US | P. O. BOX 688<br>STEINHATCHEE, FL 32359 US |

01102005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3218255 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:

DOWERS, GREGORY R
P.O. BOX 688
STEINHATCHEE, FL 32359
105 15th ST. S.E.

7. Name and Address of New Registered Agent:

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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 | P<br>DOWERS, GREGORY R<br>105 15TH ST. S.E. -> P.O. Box - 688<br>STEINHATCHEE, FL 32359 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SAVY, PATRICIA M<br>PO BOX 488<br>STEINHATCHEE, FL 32359 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Toby L. McMillan<br>PO Box 253<br>Steinhatchee Fl 32359<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>REED, THOMAS H<br>802 E. WILSON<br>PERRY, FL 32348 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Lawanda Lynn Padgett<br>PO Box 122<br>Steinhatchee Fl 32359<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing 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 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:** [signature] (P/S) Gregory R. Dowers 1-10-05 352 498 7721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #