


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90007 024 ***150.00

DOCUMENT # P94000062347 1. Entity Name DOCKS SEAFOOD HOUSE, INC.	
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Principal Place of Business 210-D HWY 98 EAST DESTIN, FL 32541 US	Mailing Address P.O. BOX 99 DESTIN, FL 32540-0099 US
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94039567



03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3281276	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COMER, JOHN HAMMOND 1751 SCENIC HWY 98E #719 DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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 	John H. Comer	3/24/04
<small>(NOTE: Registered Agent signature required when reinstating)</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board COBB, HENRY H J 1241 Airport Rd. 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + CFO COMER, JOHN HAMMOND 1241 Airport Rd. 2nd Floor DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. + Controller Mary Lou Cowell 1241 Airport Rd. 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. + Director of Operations Jim Anderson 1241 Airport Rd. 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.V.P. + Asst. to the Director of Operations Roberto Hernandez 1241 Airport 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	3/22/04	(950) 837-1637
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date</small>		<small>Daytime Phone #</small>