


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

01-30-2004 90062 044 ***150.00

DOCUMENT # P96000034381 1. Entity Name DOCKFINDERS, INC.					
Principal Place of Business 133 N. POMPANO BCH BLVD APT# 102 POMPANO BEACH FL 33062			Mailing Address P O BOX 430447 BIG PINE KEY FL 33043-0447		
2. Principal Place of Business 30854 HAMMOCK DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State BIG PINE KEY, FL		City & State 		4. FEI Number 65-0664788	
Zip 33043 Country U.S.A.		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TELICK, MICHAEL A 133 N. POMPANO BCH BLVD, APT #102 POMPANO BEACH FL 33062			7. Name and Address of New Registered Agent Name TELICK, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 30854 HAMMOCK DR. City BIG PINE KEY FL Zip Code 33043		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State.			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD TELICK, MICHAEL A 410 S.W. 7 STREET FORT LAUDERDALE FL 33315		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TELICK, MICHAEL A 30854 HAMMOCK DR. BIG PINE KEY FL 33043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26th 2004 **305 872-0588**

Date

Daytime Phone #