

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073244

Entity Name: DOCTOR DOCKSIDE, INC.

FILED
Feb 23, 2004
Secretary of State

Current Principal Place of Business:

5510-A S RIDGEWOOD AVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5510-A S RIDGEWOOD AVE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3407838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGLE, ANNA L
143 VIA CAPRI
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAGLE, ANNA L
Address: 143 VIA CAPRI
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VP () Delete
Name: KENNEDY, BRAD
Address: 143 VIA CAPRI
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA L. HAGLE

PRES

02/23/2004

Electronic Signature of Signing Officer or Director

Date