2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000Q1.2886

 Entity Name DOCKSIDE SERVICES OF TAMPAY BAY, INC.



FILED Apr 07, 2004 08:00 AM Secretary of State

Principal Place of Business

11598 OAK LANE LARGO, FL 33778 US Mailing Address

11598 OAK LANE LARGO, FL 33778

US



03222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3420155

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, DAVID C 2207 54TH ST. S GULFPORT, FL 33707

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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 acceptate obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title II applicable. PATE PLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. DATE 1000000105014 14/1/1/04-80007-014 150.00	
Signature, typed or printed name of registered agent and title if applicable	cept
After May 1, 2004 Fee will be 6550 00 Trust Fund Contribution Added to Fees USUSUS 1958 14	<u> </u>
07701701700001011100100	
10. OFFICERS AND DIRECTORS TITLE PSTD NAME LISKEY, DONALD G STREET ADDRESS 11598 OAK LANE CATY-ST-ZIP LARGO, FL 33778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE	
TITLE NAME STREET ADDRESS CRY-ST-ZIP IN THIS SPACE	
TITLE NAME STREET ADDRESS CRTY-ST-ZIP	
TRLE HAME STREET ADDRESS CITY-ST-ZIP 12 harehy certify that the information supplied with this filing doce not qualify for the expension stated in Section 119 (7/2)(2) Elevide Statute further certify that the information stated in Section 119 (7/2)(2) Elevide Statute further certify that the information stated in Section 119 (7/2)(3) Elevide Statute further certify that the information stated in Section 119 (7/2)(3) Elevide Statute further certify that the information stated in Section 119 (7/2)(3) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certify that the information stated in Section 119 (7/2)(4) Elevide Statute further certification further certification	

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:

DOWALD G. LISKET 4-5-04 727 398 4536