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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000109026

1. Entity Name
A BOAT DOCK, INC.

Principal Place of Business	Mailing Address
9743 WEST HILLSBOROUGH DR TAMPA, FL 33615	9743 WEST HILLSBOROUGH DR TAMPA, FL 33615

06212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9743 W Hillsborough Ave	9743 W Hillsborough Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33615 Country:	Zip: 33615 Country:

4. FEI Number: 59-3482411 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KNAPEK, MICHAEL
9743 WEST HILLSBOROUGH AVE
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name: DEROCHER, NORMAN
Street Address (P.O. Box Number is Not Acceptable): 9743 W. Hillsborough Avenue
City: Tampa FL Zip Code: 33615

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: Norman E Derocher Norman Derocher, President 6-24-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KNAPEK, MICHAEL 9743 W HILLSBOROUGH AVE TAMPA, FL 33615 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/V/T DEROCHER, NORMAN 9743 W. Hillsborough Avenue Tampa, FL 33615 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEROCHER, NORMAN 9743 W HILLSBOROUGH AVE TAMPA, FL 33615 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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: Norman E Derocher, NORMAN E. DEROCHER 6-24-05 (813)246-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #