


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90116 026 ***150.00

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| DOCUMENT # P97000109026 | |  |
| 1. Entity Name A BOAT DOCK, INC. | | |

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| Principal Place of Business 9743 WEST HILLSBOROUGH AVENUE TAMPA, FL 33615 | Mailing Address 9743 WEST HILLSBOROUGH AVENUE TAMPA, FL 33615 |
|---|---|

20016407



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|---|---|
| 2. Principal Place of Business 8316 WOODLAKE PL Suite, Apt. #, etc. | 3. Mailing Address 8316 WOODLAKE PL Suite, Apt. #, etc. |
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02282006 Chg-P CR2E034 (11/05)

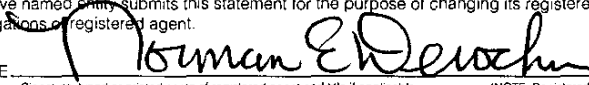
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|---------------------------|---------------------------|
| City & State TAMPA, FL | City & State TAMPA, FL |
| Zip 33615-1728 | Zip 33615-1728 |
| Country USA | Country USA |

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| 4. FEI Number 59-3482411 | 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 DEROCHER, NORMAN 9743 WEST HILLSBOROUGH AVENUE TAMPA, FL 33615 |
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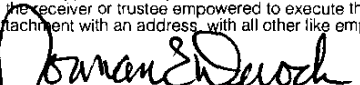
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| 7. Name and Address of New Registered Agent Name DEROCHER, NORMAN Street Address (P.O. Box Number is Not Acceptable) 8316 WOODLAKE PL City TAMPA FL Zip Code 33615 |
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| 8. The above named entity 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 accept the obligations of registered agent. | |
| SIGNATURE  | DATE 3-3-06 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | PVT DEROCHER, NORMAN 9743 WEST HILLSBOROUGH AVENUE TAMPA, FL 33615 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DEROCHER, NORMAN 9743 W HILLSBOROUGH AVE TAMPA, FL 33615 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVT DEROCHER, NORMAN 8316 WOODLAKE PL TAMPA, FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DEROCHER, NORMAN 8316 WOODLAKE PL TAMPA, FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3-3-06 885-2038 (813) |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |