2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024631

Entity Name: DOCKSIDE MARINE SERVICE INC.

FILED Mar 16, 2011 Secretary of State

| Entity Name: Docr | COIDE MARINE SERVICE, INC. | | | |
|--|----------------------------------|--------------------------------------|---|--|
| Current Principal Place of Business: | | New Principal Place of Business: | | |
| 1002 E 26TH STREE LYNN HAVEN, FL 32 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| PO BOX 177 LYNN HAVEN, FL 32 | 2444 US | | | |
| FEI Number: 59-3501958 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| TEMPLIN, MOLLIE W 816 TECH DRIVE LYNN HAVEN, FL 32 | | | | |
| The above named ent in the State of Florida | | e purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Elec | tronic Signature of Registered A | gent | Date | |
| OFFICERS AND DIR | RECTORS: | | | |
| Title: D Name: TEMPLIN, I | MOLLIE W | | | |

Name: TEMPLIN, MOLLIE W
Address: 816 TECH DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title:

Name: TEMPLIN, JOHN L Address: 816 TECH DRIVE City-St-Zip: LYNN HAVEN, FL

I hereby 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 all other like empowered.

SIGNATURE: MOLLIE TEMPLIN DIR 03/16/2011