

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90002 020 \*\*\*550.00

DOCUMENT # P98000029574

1. Entity Name  
DOCKSIDE FINANCE COMPANY



Principal Place of Business  
2810 S. U.S. 1  
FT. PIERCE, FL 34982

Mailing Address  
2211 OKEECHOBEE ROAD  
FT. PIERCE, FL 34950

44049031



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06142004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0825004

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLACKWICH, ALAN S SR  
2770 INDIAN RIVER BLVD. STE. 501  
VERO BEACH, FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

3333 20th ST

City

VERO BEACH

FL

Zip Code

32960

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SMITH, VERNON  
STREET ADDRESS 2810 S. U.S. 1  
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE STD ☐ Delete  
NAME BROWN, TIM E  
STREET ADDRESS 2810 S. U.S. 1  
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE D ☒ Delete  
NAME MCGOFFIN, ROBERT  
STREET ADDRESS 2810 S. U.S. 1  
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP, D ☐ Change ☒ Addition  
NAME ROBBINS, CINDY M.  
STREET ADDRESS 2211 OKEECHOBEE RD  
CITY-ST-ZIP FT. PIERCE, FL 34950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

VERNON D. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-24-04 772-466-1200