


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000064779
 1. Entity Name
 DOCKMASTER MARINE CONSTRUCTION INC.



Principal Place of Business Mailing Address
 2619 BURWOOD ST 2650 TRAMORE PLACE
 ORANGE PARK, FL 32065 ORANGE PARK, FL 32065

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3525523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TOLSON, JOHN F
 462 KINGSLEY AVE SUITE 101
 ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS FIELDS, JR, ROBERT LEE 2619 BURWOOD STREET ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FIELDS, ROBERT SR. 2619 BURWOOD STREET ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FIELDS, RON 2618 BURWOOD STREET ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/25/05-80078-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 9.07(3)(f), 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 689, 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: *Ron L. Fields*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 904-759-9689
 Date Daytime Phone #