

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90014 036 ***150.00

DOCUMENT # P99000068424

1. Entity Name

HARBOR MARINE DOCK COMPANY, INC.



Principal Place of Business

2136 OSPREY POINT DR W
JACKSONVILLE FL 32225

Mailing Address

2136 OSPREY POINT DR W
109 B
JACKSONVILLE FL 32225

2. Principal Place of Business

13119 Professional Dr

Suite, Apt. #, etc.

Suite 200

City & State

Jax., FL

Zip

32225

Country

USA

3. Mailing Address

13119 Professional Dr

Suite, Apt. #, etc.

Suite 200

City & State

Jax., FL 32225

Zip

32225

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3590690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAX CO.
% JAMES A. NOLAN, III
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPS ☐ Delete
NAME PORTER, MARK
STREET ADDRESS 1597 HARRINGTON PARK DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE P ☐ Delete
NAME CUMMINS, HOWARD
STREET ADDRESS 101 CENTURY 21 DR, STE 109B
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VPBD ☐ Delete
NAME BRIDGE, R. SCOTT
STREET ADDRESS 2136 OSPREY POINT DR W
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE 13119 Professional Dr ☒ Change ☐ Addition
NAME Suite 200
STREET ADDRESS Jax., FL 32225
CITY-ST-ZIP

TITLE 13119 Professional Dr ☒ Change ☐ Addition
NAME Suite 200
STREET ADDRESS Jax., FL 32225
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #