
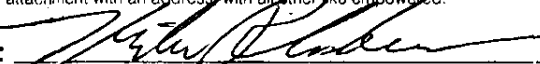


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90012 022 ***150.00

DOCUMENT # P99000104171					
1. Entity Name DO ALL DOCKSIDE MARINE SERVICES, INC.					
Principal Place of Business 280 S. MCCALL ROAD ENGLEWOOD, FL 34223			Mailing Address 280 S. MCCALL ROAD ENGLEWOOD, FL 34223		
2. Principal Place of Business - No P.O. Box if 7491 Sawyer Circle		3. Mailing Address 7491 Sawyer Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Charlotte FL		City & State Ft. Charlotte FL		4. FEI Number 65-1035237	
Zip 33981		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RHODEN, MICHAEL W 280 S. MCCALL ROAD ENGLEWOOD, FL 34223			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHODEN, MICHAEL W 280 S. MCCALL ROAD ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <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 of 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: 			4-9-08 941-697-7029		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		