
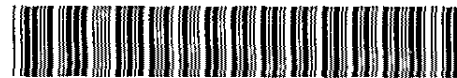


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 234680	
1. Entity Name WARDLAW AND DICKINSON, INC.	

Principal Place of Business 105 SOUTH SCENIC HWY PO BOX 458 FROSTPROOF FL 33843	Mailing Address 105 SOUTH SCENIC HWY PO BOX 458 FROSTPROOF FL 33843
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-0895101** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent DICKINSON, JR JAMES H 105 SOUTH SCENIC HWY FROSTPROOF FL 33843	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May 2
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD DICKINSON JR, J H 20 HEIGHTS AVENUE FROSTPROOF FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	0000000616333 <input type="checkbox"/> Change <input type="checkbox"/> Add 02/07/07-80024-009 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	STD DICKINSON, ANNE W. 20 HEIGHTS AVENUE FROSTPROOF FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Anne W. Dickinson, Sec/Treasurer Anne W. Dickinson Jan 30, 2007 813-635-46
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #