

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 343630

1. Entity Name
DICK, JOHNSON & JEFFERSON, INC.



Principal Place of Business
1429 60TH AVENUE WEST
P.O. BOX 11270
BRADENTON, FL 34282-7000

Mailing Address
1429 60TH AVENUE WEST
P.O. BOX 11270
BRADENTON, FL 34282-7000



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1236185

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DICK, EDWARD K
6235 FORDHAM PL
BRADENTON, FL 34207

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	DICK, EDWARD K
STREET ADDRESS	6235 FORDHAM PLACE
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	DP
NAME	ACKLES, JUDY A
STREET ADDRESS	13606 5TH AV N
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	DV
NAME	HIPSHER, BARBARA L
STREET ADDRESS	487 ALBEE FRAM RD
CITY-ST-ZIP	VENICE, FL 34285
TITLE	DV
NAME	VREMAN, GERT-JAN
STREET ADDRESS	6904 22 AV W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	DST
NAME	WEEKS, SHAUNA L
STREET ADDRESS	10837 PINWOOD CIRCLE
CITY-ST-ZIP	BRADENTON, FL 34211
TITLE	DV
NAME	O'BRIEN, CHRISTOPHER N
STREET ADDRESS	11020 BRISTOL BAY DR# 620
CITY-ST-ZIP	BRADENTON, FL 34209

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02/15/08-80020-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: Shauna Weeks Shauna Weeks Sec-Treas 1/31/2008 941-758-3861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #