

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 452998

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** HANBURRY & DICKINSON MECHANICAL CONTRACTORS, INC.

**Current Principal Place of Business:**

2856 N E 20TH WAY  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

2856 N E 20TH WAY  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:** 59-1537799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DICKINSON, EDWARD K  
2856 NE 20TH WAY  
GAINESVILLE, FL 32609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: DICKINSON, EDWARD K.  
Address: 6009 WEST BLVD  
City-St-Zip: MELROSE, FL 32666

Title: VPD  
Name: DICKINSON, PATRICIA ANN  
Address: 6884 BEDFORD LAKE ROAD  
City-St-Zip: KEYSTONE HGTS, FL 32656

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD K DICKINSON

PSTD

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date