


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

04-18-2005 90267 030 ***150.00

DOCUMENT # 474857
 1. Entity Name
 WALTER DICKINSON, INC.



Principal Place of Business Mailing Address
 INDEPENDENT SQUARE, SUITE 2401 INDEPENDENT SQUARE, SUITE 2401
 JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202

66016596



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-1593572 Not Applicable

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

6. Name and Address of Current Registered Agent
 AKEL, EDWARD C
 ONE INDEPENDENT DRIVE
 STE 2301
 JACKSONVILLE, FL 32202

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------|
| TITLE | S |
| NAME | DICKINSON, WALTER D. |
| STREET ADDRESS | ONE INDEPENDENT DR STE 2401 |
| CITY - ST - ZIP | JACKSONVILLE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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: Walter Dickinson Date: 4/26/05 Office Phone #: (904) 358-1206
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR