

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 474857

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** WALTER DICKINSON, INC.

**Current Principal Place of Business:**

INDEPENDENT SQUARE, SUITE 2401  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

ONE INDEPENDENT DR  
SUITE 2401  
JACKSONVILLE, FL 32202 US

**Current Mailing Address:**

INDEPENDENT SQUARE, SUITE 2401  
JACKSONVILLE, FL 32202

**New Mailing Address:**

ONE INDEPENDENT DR  
SUITE 2401  
JACKSONVILLE, FL 32202 US

FEI Number: 59-1593572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

AKEL, EDWARD C  
ONE INDEPENDENT DRIVE  
STE 2301  
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: DICKINSON, WALTER D.,  
Address: ONE INDEPENDENT DR STE 2401  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER D DICKINSON

PRES

03/19/2009

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

\_\_\_\_\_ Date