


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 556159**  
 1. Entity Name  
**ROBERT A. DICKINSON, A CHARTERED PROFESSIONAL ASSOCIATION**



Principal Place of Business      Mailing Address  
 460 S INDIANA AVE                      460 S INDIANA AVE  
 ENGLEWOOD, FL 34223                      ENGLEWOOD, FL 34223

**DO NOT WRITE IN THIS SPACE**



01212004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-1787766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 DICKINSON, ROBERT A  
 460 SOUTH INDIANA AVENUE  
 ENGLEWOOD, FL 34223

**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**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DICKINSON, ROBERT A 460 SOUTH INDIANA AVE ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD DICKINSON, ROBERT A 460 SOUTH INDIANA AVE ENGLEWOOD, FL
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 02/16/04-80055-021 150.00

**DO NOT WRITE IN THIS SPACE**

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 or other like empowered.

**SIGNATURE:** \_\_\_\_\_      **02/11/04**      **941-474-7600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #