


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1787766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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, 2007 Fee will be \$550.00

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

1100000597255
 01/24/07-80029-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	DICKINSON, ROBERT A
STREET ADDRESS	460 SOUTH INDIANA AVE
CITY - ST - ZIP	ENGLEWOOD, FL
TITLE	PVD
NAME	DICKINSON, ROBERT A
STREET ADDRESS	460 SOUTH INDIANA AVE
CITY - ST - ZIP	ENGLEWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 titles empowered.

SIGNATURE: Robert A. Dickinson Date: 1/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 441-978-7500