


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90297 029 ***150.00

DOCUMENT # 602410 1. Entity Name DICKINSON & GIBBONS, P.A.	
---	---

Principal Place of Business 1750 RINGLING BLVD SARASOTA, FL 34236-6836	Mailing Address 1750 RINGLING BLVD SARASOTA, FL 34236-6836
--	--

60026146

2. Principal Place of Business 401 N. CATTLEMAN RD. Suite, Apt. #, etc. 300	3. Mailing Address 401 N. CATTLEMAN RD. Suite, Apt. #, etc. 300
--	--



03292006 Chg-P CR2E034 (11/05)

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34232	Zip 34232
Country USA	Country USA

4. FEI Number 59-1309768	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 LARSEN, GARY H 1750 RINGLING BLVD SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name LARSEN, GARY H. Street Address (P.O. Box Number is Not Acceptable) 401 N. CATTLEMAN RD SUITE 300 City SARASOTA FL Zip Code 34232
---	---

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 obligation of a registered agent. SIGNATURE: <u>Gay H. Jensen</u> Pres. 3/29/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
--

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROLFES, A JAMES 1750 RINGLING BLVD SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROLFES, A. JAMES 401 N. CATTLEMAN RD. #300 SARASOTA, FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARSEN, GARY H. 1750 RINGLING BLVD. SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARSEN, GARY H 401 N. CATTLEMAN RD. #300 SARASOTA, FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered. SIGNATURE: <u>Gay H. Jensen</u> Pres. 3/29/06 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
--