

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 602410

1. Entity Name
DICKINSON & GIBBONS, P.A.



Principal Place of Business
**401 N CATTLEMEN RD
SARASOTA, FL 34232**

Mailing Address
**401 N CATTLEMEN RD
SARASOTA, FL 34232**



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
401 N CATTLEMEN RD
STE 300
SARASOTA, FL 34232**

**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 _____
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ROLFES, A JAMES
STREET ADDRESS	401 N CATTLEMEN RD, # 300
CITY-STATE-ZIP	SARASOTA, FL 34232

TITLE	P
NAME	LARSEN, GARY H.
STREET ADDRESS	401 N CATTLEMEN RD, # 300
CITY-STATE-ZIP	SARASOTA, FL 34232

TITLE	
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04/16/07-80015-018 150.00

**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 reports 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: A. JAMES ROLFES 4/2/07 (941) 366-4680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #