2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State DOCUMENT #627847 02-09-2007 90028 005 ***150.00 JOHN S. DICKERSON ARCHITECT, INC. Mailing Address Principal Place of Business danres. P.O. BOX 492226 1215 PENN ST P.O. BOX 492226 LEESBURG, FL 34749-2226 US LEESBURG, FL 34749-2226 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01252007 Cha-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 59-1920149 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DICKERSON, JOHN S. Street Address (P.O. Box Number is Not Acceptable) 1215 PENN STREET LEESBURG, FL 34749-9226 City Zip Code 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 Florica. I am familiar with, and accept the obligations of régistered agent. SIGNATURE Signature, typed or printed name of registered agon; and title if applicable. DATE (NOTE: Reg stered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TiTi F □ Chance Addition ☐ Delete TITLE DICKERSON, JOHN S. NAME STREET ADDRESS 1215 PENN STREET STREET ADDRESS CTY-SI-ZP LEESBURG, FL CITY-ST-ZP Addition Delete THE Change TITLE DICKERSON, D. GENICE 1215 PENN STREET STREET ADDRESS STREET ADDRESS CIY-ST-ZIP CITY-ST-ZIP LEESBURG, FL ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C⁺Y-ST-ZP CITY-ST-7P HTLE Delete Title Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP ☐ Change TITLE ☐ Delete TILF Addition NAVE NAME STREET ADDRESS STREET ADDRESS CIY-SI-ZP CITY-ST-7/P Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. Thereby certify that the information supplied with this filting 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 w all other like empowered

scounce of the property Dickerson

02-07-07

352-787-3771

Daytene Phone #

FILED

Feb 09, 2007 8:00 am