

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90005 022 ***150.00

DOCUMENT #631810

1. Entity Name
**DICKSON & CO., P.A., CERTIFIED PUBLIC
ACCOUNTANTS**



Principal Place of Business
**121 PALAFOX PLACE
SUITE C
PENSACOLA, FL 32502-5635 US**

Mailing Address
**121 PALAFOX PLACE
SUITE C
PENSACOLA, FL 32502-5635 US**

2. Principal Place of Business

3. Mailing Address
900 NORTH 12TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022006 Chg-P CR2E034 (11/05)



City & State

City & State
PENSACOLA, FL

4. FEI Number
59-1917061

Applied For
☐ Not Applicable

Zip

Country

Zip
32501

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKSON, BARRY
121 PALAFOX PLACE
SUITE C
PENSACOLA, FL 32503** **900 NORTH 12TH AVE
PENSACOLA, FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
JONES, STEVE
121 PALAFOX PLACE
PENSACOLA, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DICKSON, BARRY E.
121 PALAFOX PL
PENSACOLA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DICKSON, BARRY E.
900 NORTH 12TH AVE
PENSACOLA, FL 32501** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

Barry E. Dickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06
Date

850-435-8300
Daytime Phone #