


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90046 032 ***150.00

DOCUMENT # 849492
 1. Entity Name
 C.C. DICKSON CO.



40007543



Principal Place of Business: 456 LAKESHORE PKWY, ROCK HILL, SC 29730
 Mailing Address: P.O. BOX 13501, ROCK HILL, FL 29731

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01222007 Chg-P CR2E034 (12/06)

City & State: Rock Hill, SC
 Zip: 29731

4. FEI Number: 56-0200571
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 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 _____ 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

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: DICKSON, C.C. JR STREET ADDRESS: 456 LAKESHORE PARKWAY CITY-ST-ZIP: ROCK HILL, SC 29730	<input type="checkbox"/> Delete
TITLE: CEO NAME: DEMAO, JACK STREET ADDRESS: 456 LAKESHORE PKWY CITY-ST-ZIP: ROCK HILL, SC 29730	<input type="checkbox"/> Delete
TITLE: D NAME: DICKSON, ROBERT T STREET ADDRESS: 456 LAKESHORE PARKWAY CITY-ST-ZIP: ROCK HILL, SC 29730	<input type="checkbox"/> Delete
TITLE: D NAME: STEWARD, STEVE STREET ADDRESS: 456 LAKESHORE PKWY CITY-ST-ZIP: ROCK HILL, SC 29730	<input type="checkbox"/> Delete
TITLE: D NAME: PRESTON, JAMES Y STREET ADDRESS: 456 LAKESHORE PARKWAY CITY-ST-ZIP: ROCK HILL, SC 29730	<input type="checkbox"/> Delete
TITLE: V NAME: DURHAM, DARRELL STREET ADDRESS: 456 LAKESHORE PARKWAY CITY-ST-ZIP: ROCK HILL, SC 29730	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STEWARD, STEVE STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: [Signature] Date: _____ Daytime Phone #: 803-980-8000