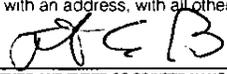


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90042 035 ***150.00

DOCUMENT # 849492			
1. Entity Name C.C. DICKSON CO.		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.		City & State	
City & State		City & State	
Zip		Country	
Country		Country	
4. FEI Number 56-0200571		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		7. Name and Address of New Registered Agent	
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, C.C. JR	NAME	
STREET ADDRESS	456 LAKESHORE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ROCK HILL, SC 29730	CITY-ST-ZIP	
TITLE	CEO <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMAO, JACK	NAME	Jan Perry
STREET ADDRESS	456 LAKESHORE PKWY	STREET ADDRESS	456 Lakeshore Pkwy
CITY-ST-ZIP	ROCK HILL, SC 29730	CITY-ST-ZIP	Rock Hill, SC 29730
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, ROBERT T	NAME	
STREET ADDRESS	456 LAKESHORE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ROCK HILL, SC 29730	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, STEVE	NAME	
STREET ADDRESS	456 LAKESHORE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ROCK HILL, SC 29730	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, JAMES Y	NAME	
STREET ADDRESS	456 LAKESHORE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ROCK HILL, SC 29730	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, DARRELL	NAME	
STREET ADDRESS	456 LAKESHORE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ROCK HILL, SC 29730	CITY-ST-ZIP	
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: 		Date: 1/3/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40000000



01032008 Chg-P CR2E034 (12/06)