

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90262 049 ****61.25

DOCUMENT # N98000005947

1. Entity Name
DICKHEADS INTERNATIONAL INC.



Principal Place of Business
**C/O WILL'S HONKY TONK
5005 S RIDGEWOOD AVE
PORT ORANGE, FL 32127**

Mailing Address
**P O BOX 291506
PORT ORANGE, FL 32129-1506**

04000404



2. Principal Place of Business
Black Hills Saloon

3. Mailing Address

Suite, Apt. #, etc.
5005 S. Ridgewood Avenue

Suite, Apt. #, etc.

02112004 Chg-NP CR2E037 (10/03)

City & State
Port Orange, FL

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32127

Country
Volusia

Zip

Country

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

**PHILLIPS, EDWARD
4370 SPRUCE CREEK RD.
PORT ORANGE, FL 32127**

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

Edward L. Phillips

Edward L. Phillips

3/24/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PHILLIPS, EDWARD
4370 SPRUCE CREEK RD.
ORMOND BEACH, FL 32174** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BOWSER, ROBIN R
514 RIDGEWOOD AVE
HOLLY HILL, FL 32117** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CAMPBELL, LISA M
506 SOUTH LANVALE AVE.
DAYTONA BEACH, FL 32114** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BOWSER, ROBIN R
514 RIDGEWOOD AVE.
HOLLY HILL, FL 32117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Ronald Spry
321 Monroe Place
Port Orange, FL 32127** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

Edward L. Phillips

Edward L Phillips 3/24/04

**386-820-
0175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #