


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM  
Secretary of State

DOCUMENT # N98000005947		
1. Entity Name DICKHEADS INTERNATIONAL INC.		
Principal Place of Business BLACK HILLS SALOON 5005 S. RIDGEWOOD AVE. PORT ORANGE, FL 32127	Mailing Address P O BOX 291506 PORT ORANGE, FL 32129-1506	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent		
PHILLIPS, EDWARD 4370 SPRUCE CREEK RD. PORT ORANGE, FL 32127		DO NOT WRITE IN THIS SPACE
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: <u>Edward J. Phillips</u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>		DATE: <u>4-27-06</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PHILLIPS, EDWARD 4370 SPRUCE CREEK RD. ORMOND BEACH, FL 32174	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOWSER, ROBIN R 514 RIDGEWOOD AVE HOLLY HILL, FL 32117	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CAMPBELL, LISA M 508 SOUTH LANVALE AVE. DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPRY, RONALD 321 MONROE PLACE PORT ORANGE, FL 32127	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 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: <u>Edward J. Phillips</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4-27-06</u> <small>Daytime Phone #</small>



03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/13/06-80046-005 61.25