

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 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**



03142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, EDWARD
4458 TUMBLEWEED TRAIL
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

Edward L. Phillips

Edward L. Phillips

4/10/08

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000897855
04/25/08-80066-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PHILLIPS, EDWARD
STREET ADDRESS	4458 TUMBLEWOOD TRAIL
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	SD
NAME	BOWSER, ROBIN R
STREET ADDRESS	506 S. LANVALE AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	TD
NAME	CAMPBELL, LISA M
STREET ADDRESS	506 SOUTH LANVALE AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VP
NAME	SPRY, RONALD
STREET ADDRESS	321 MONROE PLACE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Edward L. Phillips

Edward L. Phillips

4/10/08

(386)290-4465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #