

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005947

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: DICKHEADS INTERNATIONAL INC.

## Current Principal Place of Business:

BLACK HILLS SALOON  
5005 S. RIDGEWOOD AVE.  
PORT ORANGE, FL 32127

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 291506  
PORT ORANGE, FL 321291506

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILLIPS, EDWARD  
4458 TUMBLEWEED TRAIL  
PORT ORANGE, FL 32127 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PHILLIPS, EDWARD  
Address: 4458 TUMBLEWOOD TRAIL  
City-St-Zip: PORT ORANGE, FL 32127

Title: SD ( ) Delete  
Name: BOWSER, ROBIN R  
Address: 506 S. LANVALE AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD ( ) Delete  
Name: CAMPBELL, LISA M  
Address: 506 SOUTH LANVALE AVE.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP ( ) Delete  
Name: SPRY, RONALD  
Address: 321 MONROE PLACE  
City-St-Zip: PORT ORANGE, FL 32127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA M. CAMPBELL

TD

02/12/2009

Electronic Signature of Signing Officer or Director

Date