


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000115765</b> 1. Entity Name DICKINSON MANAGEMENT, INC.	
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Principal Place of Business 400 TONEY PENNA DRIVE JUPITER, FL 33458	Mailing Address 400 TONEY PENNA DRIVE JUPITER, FL 33458
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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01102004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-1063996	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000121346 04/20/04-80048-010 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VAUGHN, DAVID 400 TONEY PENNA DR JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC HENNICK, JAY S 400 TONEY PENNA DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GREENER, TIMOTHY J 400 TONEY PENNA DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATTERSON, D. SCOTT 400 TONEY PENNA DRIVE JUPITER, FL 33458
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 exemption stated in Section 119.07(3)(f), 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:**  **DAVID K. VAUGHN** 3/24/04 (561) 747-5505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #