


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90039 015 ***150.00

DOCUMENT # P01000015767 1. Entity Name DICKSON INVESTMENT MANAGEMENT, INC.	
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Principal Place of Business 239 SOUTH COUNTY ROAD SUITE 300 PALM BEACH, FL 33480	Mailing Address 239 SOUTH COUNTY ROAD SUITE 300 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1091458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FICK, RONALD L
C/O DUNWODY WHITE & LANDON, P.A.
239 COUNTY ROAD SUITE 300
PALM BEACH, FL 33480

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DICKSON, BARBARA G 6631 NORTHPORT DRIVE DALLAS, TX 75230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FICK, RONALD L 239 S COUNTY ROAD, SUITE 300 PALM BEACH, FL 33480
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Barbara G. Dickson BARBARA G. DICKSON 1/15/04 214-969-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #