


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000093116 1. Entity Name DICKERSON FAMILY ENTERPRISES, INC.	
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Principal Place of Business 4130 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	Mailing Address 4130 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804
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05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3745287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DICKERSON, RONALD 3646 LAKEVIEW DR. APOPKA, FL 32703
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**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D DICKERSON, RONALD 4130 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, DONNA L 4130 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804
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**DO NOT WRITE
IN THIS SPACE**

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05/18/06-80027-016 150.00

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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06 407-290-6565
Date Daytime Phone #