2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: F. O. Dickerson
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 26, 2005 08:00 AM
Secretary of State

(850) 434-1001

Daytime Phone #

Date

DOCUMENT # P02000074380 1. Entity Name DICKERSON FAMILY CORPORATION	Secretary of State
Principal Place of Business Mailing Address 402 W LLOYD ST	
DO NOT WRITE IN THIS SPACE	01182005 No Chg-P CR2E034 (10/03) 4. FEI Number
DICKERSON, F.O. = - 402 W LLOYD ST - PENSACOLA, FL 32501	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its 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 file if applicable (NOTE Registered Agent signature required when reinstating)	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.	cing \$5.00 May Be
10. OFFICERS AND DIRECTORS TITLE D NAME DICKERSON, F.O. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 TITLE NAME	U00000195812 01/26/05-80044-004 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exer indicated on this report or supplemental report is true and accurate and that my signat of the corporation or the receiver or trustee empowered to execute this report as require changed, or on an attachment with an address, with all other like empowered.	mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an officer or director ed by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if