## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 20, 2006 08:00 AM Secretary of State

DOCUMENT # P02000074380  1. ENIXY NAME DICKERSON FAMILY CORPORATION					Secretary of State
Principal Plac 402 W LLOYI PENSACOLA,	TZ C	Mailing Address 402 W LLOYD ST PENSACOLA, FL 32501			
D	O NOT WRITE		CE	02092006 No Chg-P CR2E034 (11/05)  4. FEI Number	
5. Name and Address of Current Registered Agent  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 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 eppticable. (NOTE: Registered Agent signature required when rehatesing) DATE					
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.				.00 May Be ed to Fees	
16.	OFFICERS AND DIF	RECTORS	}		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DICKERSON, F.O. 402 W LLOYD ST PENSACOLA, FL 32501				
TITLE MANE STREET ADDRESS CITY-ST-ZIP					800909441324 03/03/06-80033-001 150.00
TITLE NAME STREET AODRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE MAME STREET AODRESS CHY-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 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 office or director of the corporation or the receiver of trustee emovement to execute this report as required by Chapter 607. Florida Statutes: and that my ame ancient in Flock 10 or Block 11 if					

F. O. Dickerson

OF PRINTED OR PRINTED NAME OF SIGMING OFFICER OR DIRECTOR