


FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90007 002 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000038863			
1. Entity Name DICKENS LAND CLEARING AND ROCK WORLD, INC.			
Principal Place of Business 2436 FRANKFORD AVE PANAMA CITY, FL 32405		Mailing Address 2436 FRANKFORD AVE PANAMA CITY, FL 32405	
2. Principal Place of Business		3. Mailing Address PO Box 15602	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Panama City, FL	
Zip	Country	Zip	Country
32406	USA		
4. FEI Number 27-0055320		Applied For Not Applicable	
5. Certificate of Status Desired X		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKENS, LESLIE 2436 FRANKFORD AVE PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	
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 Sandy Blakemore, DST		DATE 7/16/04	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DICKENS, LESLIE 2436 FRANKFORD AVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BLAKEMORE, SANDY 6508 N LAGOON DR PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTT, CRAIG BOX 92 SUMMERALL, MS 39482	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sandy Blakemore, DST		DATE 7/16/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 8507853475	