


**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**

**54062699**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 15602**  
 Suite, Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State  
**Panama City FL**

Zip  
**32406**

Country  
**USA**

4. FEI Number  
**27-0055320**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DICKENS, LESLIE 2436 FRANKFORD AVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BLAKEMORE, SANDY 6508 N LAGOON DR PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTT, CRAIG BOX 92 SUMMERALL, MS 39482	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 Daytime Phone # 8507853475  
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR