


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # P03000038863

1. Entity Name
 DICKENS LAND CLEARING AND ROCK WORLD, INC.



Principal Place of Business Mailing Address

9000 PANAMA CITY BEACH PARKWAY 9000 PANAMA CITY BEACH PARKWAY
 PANAMA CITY, FL 32408 PANAMA CITY, FL 32408

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 27-0055320 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

DICKENS, LESLIE
 2436 FRANKFORD AVE
 PANAMA CITY, FL 32405

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DICKENS, LESLIE
STREET ADDRESS	2436 FRANKFORD AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	V
NAME	MCNEMAR, MIKE
STREET ADDRESS	2436 FRANKFORD AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VT
NAME	HUMPHRIES, ROBERT
STREET ADDRESS	2436 FRANKFORD AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VS
NAME	HERST, RAYMOND
STREET ADDRESS	2436 FRANKFORD AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/03/08-80052-010 150.00

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: *Leslie Dickens*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #