## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000113030

FILED Apr 29, 2004 Secretary of State

Entity Name: DICKLER ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1545 UNIVERSITY BLVD. W JACKSONVILLE, FL 32217 **Current Mailing Address: New Mailing Address:** 1545 UNIVERSITY BLVD. W JACKSONVILLE, FL 32217 FEI Number: 57-1189882 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOWARD A. CAPLAN, ATTORNEY, P.A. 6260 DUPONT STATIÓN COURT SUITE C JACKSONVILLE, FL 32217 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: **PRFS** ( ) Change (X) Addition DICKLER, BRYAN S PRESIDE Name: Name: 1545 UNIVERSITY BLVD. W. Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32217 Title: () Delete Title: ( ) Change (X) Addition Name: Name: DICKLER, SHARON M V.P. Address: Address: 1545 UNIVERSITY BLVD. W. JACKSONVILLE, FL 32217 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN DICKLER PRES 04/29/2004