## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000120276

1605A KILLARNEY CT

OCALA, FL 34472

Address: City-St-Zip:

Entity Name: DICK 'N' SON WOODWORKS INC

FILED May 29, 2007 Secretary of State

•						
Current P	rincipal Place	of Business:	New Pri	ncipal Place o	f Business:	
PO BOX 10 WEIRSDA	008 LE, FL 32195			E 170TH AVE ALE, FL 3219	5	
Current Mailing Address:			New Mai	New Mailing Address:		
PO BOX 1008 WEIRSDALE, FL 32195				16187 SE 170TH AVE WEIRSDALE, FL 32195		
FEI Number:	20-0470537	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DICKENSON, THOMAS M PO BOX 1008 WEIRSDALE, FL 32195 US			16187 SE	DICKENSON, THOMAS M 16187 SE 170TH AVE WEIRSDALE, FL 32195 US		
The above in the State		ubmits this statement for the p	urpose of changing	j its registered	office or registered agent, or bot	h,
SIGNATURE:				05/29/2007		
	Electron	ic Signature of Registered Age	nt		Date	_
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior not	ice.		
OFFICERS AND DIRECTORS:			ADDITIC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () DICKENSON, TI PO BOX 1008 WEIRSDALE, F		Title: Name: Address: City-St-Zip:	DICKENSON 16187 SE 17	OTH AVE	
Title: Name: Address: City-St-Zip:	TREA () DICKENSON, W 7701 TIMBERLI JACKSONVILLE	NE BLVD #1425	Title: Name: Address: City-St-Zip:		) Change ( ) Addition	
Title: Name:	SEC () DICKENSON, H	Delete DRACE R	Title: Name:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: THOMAS M DICKENSON P 05/29/2007