


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90389 023 ***150.00

DOCUMENT # P03000127423 1. Entity Name RONNIE DICKERSON, INC.			
Principal Place of Business 424 MARTIN LANE WEST PALM BEACH, FL 33413		Mailing Address 424 MARTIN LANE WEST PALM BEACH, FL 33413	
2. Principal Place of Business - No P.O. Box # 321 FLEMING AVENUE		3. Mailing Address 321 FLEMING AVENUE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State GREENACRES, FL		City & State GREENACRES, FL	
Zip 33463 Country USA		Zip 33463 Country USA	
4. FEI Number 20-0366950		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKERSON, RONNIE 424 MARTIN LANE WEST PALM BEACH, FL 33413		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 321 FLEMING AVENUE City GREENACRES FL Zip Code 33463	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D DICKERSON, RONNIE 424 MARTIN LANE WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 321 FLEMING AVENUE GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T DICKERSON, TAMMY 424 MARTIN LANE WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 321 FLEMING AVENUE GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: <u>Ronnie Dickerson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/20/07 767.6475 <small>Date Daytime Phone #</small>	