

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000078439

1. Entity Name
KITDIC INVESTMENTS, INC.



Principal Place of Business
4800 NORTH PALAFOX ST.
PENSACOLA, FL 32503

Mailing Address
P O BOX 6038
PENSACOLA, FL 32503 US

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3210439	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

DICKERSON, F O
4800 NORTH PALAFOX ST.
PENSACOLA, FL 32503

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YON, ELIZABETH D
STREET ADDRESS	5219 PINE STRAW RD
CITY - ST - ZIP	COLUMBIA, SC

TITLE	D
NAME	DICKERSON, JAMES H
STREET ADDRESS	PO BOX 6038
CITY - ST - ZIP	PENSACOLA, FL 32503

TITLE	D
NAME	DICKERSON, WILLIAM,
STREET ADDRESS	120 SEAMARGE CIRCLE
CITY - ST - ZIP	PENSACOLA, FL 32507

TITLE	D
NAME	RENFROE, JAN D
STREET ADDRESS	4185 BAISDEN RD.
CITY - ST - ZIP	PENSACOLA, FL 32503

TITLE	D
NAME	MAJOR, LAURA D
STREET ADDRESS	2467 MAGNOLIO AVE.
CITY - ST - ZIP	PENSACOLA, FL 32503

TITLE	PD
NAME	DICKERSON, F O
STREET ADDRESS	402 W. LLOYD ST.
CITY - ST - ZIP	PENSACOLA, FL 32501

U00000957123
08/04/08-80010-014 550.00

**DO NOT WRITE
IN THIS SPACE**

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: F. O. Dickerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/08

(850) 434-1001

Daytime Phone #