

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000228

FILED
Feb 25, 2009
Secretary of State

Entity Name: DICKENS AND ASSOCIATES, INC.

Current Principal Place of Business:

232 BAY ST.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

232 BAY STREET
DAYTONA BEACH, FL 32114

Current Mailing Address:

232 BAY ST.
DAYTONA BEACH, FL 32114

New Mailing Address:

232 BAY STREET
DAYTONA BEACH, FL 32114

FEI Number: 59-3373533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEST, EDWIN W
232 BAY ST
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

BEST, EDWIN W
232 BAY STREET
DAYTONA BEACH, FL 32114 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: EDWIN W. BEST

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BEST, EDWIN W
Address: 232 BAY ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: STD () Delete
Name: BEST, KIP D
Address: 232 BAY ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BEST, SHELBY L
Address: 232 BAY ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP () Delete
Name: BYRNE, STEPHEN P
Address: 232 BAY ST
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: BEST, EDWIN W
Address: 232 BAY STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: STD (X) Change () Addition
Name: BEST, KIP D
Address: 232 BAY STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D (X) Change () Addition
Name: BEST, SHELBY L
Address: 232 BAY STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP (X) Change () Addition
Name: BYRNE, STEPHEN P
Address: 232 BAY STREET
City-St-Zip: DAYTONA BEACH, FL 32114

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.

SIGNATURE: EDWIN W. BEST

CD

02/25/2009

Electronic Signature of Signing Officer or Director

Date