

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90104 014 ***158.75

20063331



07212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3373330 Applied For Not Applicable

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

DOCUMENT # P96000027319

1. Entity Name
THE DICKERSON GROUP, INC.



Principal Place of Business
217 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082 US

Mailing Address
PO BOX 676
PONTE VEDRA BEACH, FL 32004 US

2. Principal Place of Business
1501 Charlotte Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5011
Suite, Apt. #, etc.

City & State
Monroe, NC

City & State
Monroe, NC

Zip 28110 Country USA

Zip 28111 Country USA

6. Name and Address of Current Registered Agent

WALKER, JAMES V
C/O WALKER KOEGLER & DILLINGHAM P.A.
217 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYNER, JOHN 1501 CHARLOTTE AVE MONROE, NC 28110 <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	S GREENE, CINDY P 1501 CHARLOTTE AVENUE MONROE, NC 28110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Cindy P. Greene Cindy P. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #