2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000095629

1. Entity Name
WALTER DICKINSON MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1 INDEPENDENT DRIVE SUITE 2401 JACKSONVILLE, FL 32202	1 INDEPENDENT DRIVE SUITE 2401 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

03172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3421942	Not Applicable

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

6. Name and Address of Current Registered Agent

AKEL, EDWARD C
1 INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202

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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 $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	DICKINSON, WALTER D
STREET ADDRESS	1 INDEPENDENT DRIVE STE 2401
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000311421
04/18/05-80045-009 150.00

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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: _Walter Dickinson_   4/12/05   904-358-1206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #