

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000097058 1. Entity Name DICKSON & SONS, INC.	
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Principal Place of Business 9819 COMPASS PT WAY TAMPA, FL 33615 US	Mailing Address P O BOX 23392 TAMPA, FL 33623-392 US
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3418964	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KEITH, W.C. 1517 COMMERCIAL PARK DRIVE LAKELAND, FL 33801

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKSON, JAMES F P O BOX 23392 N/A TAMPA, FL 92
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DICKSON, TODD J P O BOX 23392 N/A TAMPA, FL 92
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKSON, MARY B P O BOX 23392 N/A TAMPA, FL 92
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKSON, JOHN P O BOX 23392 N/A TAMPA, FL 92
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/30/06-80005-024 150.00

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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: James F. Dickson James F. Dickson 3.17.06 813-265-2512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #