2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P96000097058

Entity Name: DICKSON & SONS, INC.

Current Principal Place of Business:

9819 COMPASS PT WAY
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 23392
TAMPA, FL 33623392 US

New Mailing Address:

9819 COMPASS PT WAY
TAMPA, FL 33615 US

FEI Number: 59-3418964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEITH, W.C.
1517 COMMERCIAL PARK DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DICKSON, JAMES F
Address: P O BOX 23392 N/A
City-St-Zip: TAMPA, FL 92

Title: VSTD ( ) Delete
Name: DICKSON, TODD J
Address: P O BOX 23392 N/A
City-St-Zip: TAMPA, FL 92

Title: VD ( ) Delete
Name: DICKSON, MARY B
Address: P O BOX 23392 N/A
City-St-Zip: TAMPA, FL 92

Title: VD ( ) Delete
Name: DICKSON, JOHN
Address: P O BOX 23392 N/A
City-St-Zip: TAMPA, FL 92

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DICKSON, JAMES F
Address: 9819 COMPASS POINT WAY
City-St-Zip: TAMPA, FL 92

Title: VSTD (X) Change ( ) Addition
Name: DICKSON, TODD J
Address: 9819 COMPASS POINT WAY
City-St-Zip: TAMPA, FL 92

Title: VD (X) Change ( ) Addition
Name: DICKSON, MARY B
Address: 9819 COMPASS POINT WAY
City-St-Zip: TAMPA, FL 92

Title: VD (X) Change ( ) Addition
Name: DICKSON, JOHN
Address: 9819 COMPASS POINT WAY
City-St-Zip: TAMPA, FL 92

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: JAMES F. DICKSON PD 03/24/2009
Electronic Signature of Signing Officer or Director Date