

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024999

**FILED**  
**Feb 15, 2009**  
**Secretary of State**

**Entity Name:** T.R. DICKINSON AUCTION AND FINE ART, INC.

**Current Principal Place of Business:**

INDIAN RIVER COUNTY  
VERO BEACH, FL 32962

**New Principal Place of Business:**

INDIAN RIVER COUNTY  
856 5TH PLACE  
VERO BEACH, FL 32962

**Current Mailing Address:**

856 5TH PLACE  
VERO BEACH, FL 32962

**New Mailing Address:**

INDIAN RIVER COUNTY  
856 5TH PLACE  
VERO BEACH, FL 32962

**FEI Number:** 59-3501936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DICKINSON, T. R  
856 5TH PLACE  
VERO BEACH, FL 32962 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: PVTs ( ) Delete  
Name: DICKINSON, T R  
Address: 856 5TH PLACE  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** T.R.DICKINSON SOLE PROPRIETOR

PRES

02/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date