2004 FOR PROFIT CORPORATION

Mar 24, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # V46671 DICKINSON PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 400 TONEY PENNA DRIVE 400 TONEY PENNA DRIVE JUPITER, FL 33458 US JUPITER, FL 33458 US No Chg-P CR2E034 (10/03) 01102004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0338626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VAUGHN, DAVID K. DO NOT WRITE 400 TONEY PENNA DR. JUPITER, FL 33458 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 Fiorida. I am familiar with, and accept the obligations of registered agent. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, THE VAUGHN, DAVID K. NAME STREET ADDRESS 400 TONEY PENNA DRIVE JUPITER, FL COY-ST- 7F VDS IIILE SPRINGER, SHERIDAN M NAME 400 TONEY PENNA DRIVE STREET ADDRESS JUPITER, FL CITY-S1-289 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statisties. I further certify that the information indicated on this report or suppliemental 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 of topstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 13 if changed, or on an attachment with a waddress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

> . DAVID K. VAUGHN URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED