


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

| | | | | |
|---|---|--|--|-----------------------------------|
| DOCUMENT # V46671 1. Entity Name DICKINSON PROPERTY MANAGEMENT, INC. | |  | | |
| Principal Place of Business 400 TONEY PENNA DRIVE JUPITER, FL 33458 US | | Mailing Address 400 TONEY PENNA DRIVE JUPITER, FL 33458 US | | |
| DO NOT WRITE IN THIS SPACE | | | | |
| | | | | 04062005 No Chg-P CR2E034 (10/03) |
| | | 4. FEI Number 65-0338626 | | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent VAUGHN, DAVID K. 400 TONEY PENNA DR. JUPITER, FL 33458 | | DO NOT WRITE 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 _____ | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE 000000293885 04/08/05-80048-005 158.75 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT VAUGHN, DAVID K. 400 TONEY PENNA DRIVE JUPITER, FL | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS SPRINGER, SHERIDAN M 400 TONEY PENNA DRIVE JUPITER, FL | | | |
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 4/6/05 Daytime Phone # (561) 747-5505 | | |