

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V62852**  
 1. Entity Name  
**ROY DICKIE COMPANY**



Principal Place of Business      Mailing Address  
**777 HARBOUR ISLAND BLVD.**      **P.O. BOX 10595**  
**SUITE 860**      **TAMPA, FL 33679**      **US**  
**TAMPA, FL 33602**      **US**



01052005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**59-3140705**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional  
 Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**DICKIE, ROY K**  
**777 HARBOUR ISLAND BLVD., STE 860**  
**TAMPA, FL 33602**

**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.            **\$5.00** May Be Added to Fees

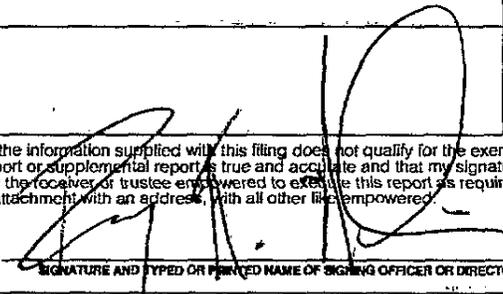
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DICKIE, ROY K</b> <b>777 HARBOUR ISLAND BLVD., STE 860</b> <b>TAMPA, FL 33602</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000189403  
 01/24/05-80034-005 150.00

**DO NOT WRITE IN THIS SPACE**

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 reports 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:**       **1/16/05**      **813-228-4700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #