2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V62852

1. Entity Name
ROY DICKIE COMPANY

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

01072007   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3140705	Not Applicable

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

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.
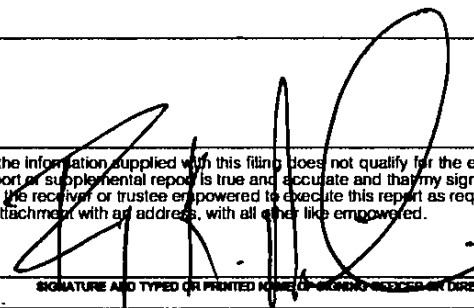
SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000589519 01/18/07-80019-011 150.00

10.   OFFICERS AND DIRECTORS

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   1/12/07   813-840-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #