

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007049

FILED
Mar 10, 2009
Secretary of State

Entity Name: DAVID VAUGHAN INVESTMENTS, INC.

Current Principal Place of Business:

5823 N. FOREST PARK DR.
PEORIA, IL 61614

New Principal Place of Business:

Current Mailing Address:

5823 N. FOREST PARK DR.
PEORIA, IL 61614

New Mailing Address:

FEI Number: 37-1272863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAUGHAN, JO
8754 LAKE TIBET CT.
CYPRESS POINT
ORLANDO, FL 32836 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: DC () Delete
Name: VAUGHAN, DAVID
Address: 8754 LAKE TIBET CT CYPRESS POINT
City-St-Zip: ORLANDO, FL 32836

Title: DP () Delete
Name: WILLIAMS, LAWRENCE IV
Address: 5823 N. FOREST PARK DR.
City-St-Zip: PEORIA, IL 61614

Title: SVP () Delete
Name: CHRISTENSEN, BRIAN
Address: 5823 N. FOREST PARK DR.
City-St-Zip: PEORIA, IL 61614

Title: D () Delete
Name: VAUGHAN, ANNE
Address: 5823 N. FOREST PARK DR.
City-St-Zip: PEORIA, IL 61614

Title: VP () Delete
Name: SMARJESSE, PATRICK
Address: 5823 N FOREST PARK DR
City-St-Zip: PEORIA, IL 61614

Title: VP () Delete
Name: VAUGHAN, JO
Address: 8754 LAKE TIBET CT
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JAMES D SINCLAIR

TREA

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date