2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000010660

1. Entity Name

ADDISON/DICUS COMPANY ORLANDO, INC.



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

315 NORTH WILLOW AVENUE TAMPA, FL 33606 US Mailing Address

315 NORTH WILLOW AVENUE TAMPA, FL. 33606 US



4-28-01 135965
Date Davine Proce #

04222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 41-2076683 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DICUS, GARY A 315 N. WLLOW AVENUE TAMPA, FL 33606

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

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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, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000943370 05/29/08-80056-024_150_00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DICUS, GARY A 315 NORTH WILLOW AVENUE TAMPA, FL 33606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR