

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 282671

Entity Name: DICK BAIRD INC.

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

2724 N HIGHWAY 17-92
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

PO BOX 521400
LONGWOOD, FL 327521400 US

New Mailing Address:

FEI Number: 59-1197628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLECHMAN, MARK S. P.A.
1521 MOUNT VERNON STREET
ORLANDO, FL 32803 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: PD () Delete
Name: RAY, WILLIAM D III
Address: 2724 N HWY 17-92
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: RAY, BRIAN D
Address: 2724 N HWY 17-92
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: FRANK, J. MICHAEL
Address: 2724 N HWY 17-92
City-St-Zip: LONGWOOD, FL 32750

Title: STD () Delete
Name: SHEA, SUSAN J
Address: 2724 N HIGHWAY 17-92
City-St-Zip: LONGWOOD, FL 32750

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
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: W. DAVID RAY, III

PRES

02/13/2009

Electronic Signature of Signing Officer or Director

Date