

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 468876

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: LEWISON & THOMAS ENTERPRISES, INC.

## Current Principal Place of Business:

639 BERRYWOOD WAY  
PALM HARBOR, FL 34683 US

## New Principal Place of Business:

9352 HILLSBOROUGH TERRACE  
FREDERICK, MD 21701 US

## Current Mailing Address:

639 BERRYWOOD WAY  
PALM HARBOR, FL 34683 US

## New Mailing Address:

9352 HILLSBOROUGH TERRACE  
FREDERICK, MD 21701 US

FEI Number: 59-1570282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, R. DEAN  
639 BERRYWOOD WAY  
PALM HARBOR, FL 34683 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: THOMAS, DEAN  
Address: 639 BERRYWOOD WAY  
City-St-Zip: PALM HARBOR, FL 34683

Title: SD ( ) Delete  
Name: THOMAS, JEANETTE E  
Address: 639 BERRYWOOD WAY  
City-St-Zip: PALM HARBOR, FL 34683

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CARTER, DAVID P  
Address: 9352 HILLSBOROUGH TERRACE  
City-St-Zip: FREDERICK, MD 21701

Title: SD (X) Change ( ) Addition  
Name: CARTER, AMY L  
Address: 9352 HILLSBOROUGH TERRACE  
City-St-Zip: FREDERICK, MD 21701

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: DAVID PHILLIP CARTER

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date