

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 497975

FILED  
Jan 06, 2011  
Secretary of State

Entity Name: DAVID BOLAND, INC.

**Current Principal Place of Business:**

509 SOUTH PALM AVE  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

219 INDIAN RIVER AVENUE  
SUITE 201  
TITUSVILLE, FL 32796 US

**Current Mailing Address:**

POST OFFICE BOX 1870  
TITUSVILLE, FL 32781 US

**New Mailing Address:**

FEI Number: 59-1651179      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOLAND, DAVID  
6865 RIVEREDGE DR  
TITUSVILLE, FL 32780 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOLAND, DAVID  
Address: 6865 RIVEREDGE DR  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: EVP  
Name: EBERHART, JON D  
Address: 3058 E WASHINGTON AVENUE  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: VP  
Name: TOMMY, LUDINGTON L  
Address: 1672 RICE AVENUE  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: S  
Name: HOLMES, TERRI L  
Address: P.O. BOX 3042  
City-St-Zip: TITUSVILLE, FL 327813042 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID BOLAND

P

01/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date