2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 638934

City-St-Zip:

NEW PORT RICHEY, FL 34654 US

Entity Name: DEESE AND COMPANY, INC.

FILED Apr 29, 2009 Secretary of State

Littly Nai	ille. DEESE /	AND COMPANT, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
10207 HILLTOP DRIVE NEW PORT RICHEY, FL 346543464				10207 HILLTOP DRIVE NEW PORT RICHEY, FL 346543464 US		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 1767 NEW PORT RICHEY, FL 346561767				P.O. BOX 1767 NEW PORT RICHEY, FL 346561767 US		
FEI Number:	: 59-2032054	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DEESE, M STEVEN 10207 HILLTOP DRIVE NEW PORT RICHEY, FL 34654 US				DEESE, M STEVEN 10207 HILLTOP DRIVE NEW PORT RICHEY, FL 346543464 US		
The above in the State	named entity of Florida.	submits this statement for the	purpose of	f changing its registered o	office or registered agent, or both,	
SIGNATURE:				04/29/2009		
	Electro	nic Signature of Registered Ag	gent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DEESE, M STI 10207 HILLTO			Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DEESE, J MAF 15298 CENTR			Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	ST (DEESE, SAND 10207 HILLTO			Title: (Name: Address:) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: M. STEVEN DEESE PD 04/29/2009