

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 667321

Entity Name: DIGICOM, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

1408 W. LINEBAUGH AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

PO BOX 17172
TAMPA, FL 33682

New Mailing Address:

FEI Number: 59-1991721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, LAWRENCE D
5558 RAMADA ST
WEEKI WACHEE, FL 34607 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: PTD () Delete
Name: HOWELL, LAWRENCE D
Address: 5558 RAMADA ST
City-St-Zip: WEEKI WACHEE, FL 34607

Title: VS () Delete
Name: HARPER, SHIRLEY L
Address: 5558 RAMADA ST
City-St-Zip: WEEKI WACHEE, FL 34607

Title: V () Delete
Name: EDMONDSON, SUSAN E
Address: 11333 N OAKLEAF AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOWELL, LAWRENCE D
Address: 5558 RAMADA ST
City-St-Zip: WEEKI WACHEE, FL 34607

Title: V (X) Change () Addition
Name: HARPER, SHIRLEY L
Address: 5558 RAMADA ST
City-St-Zip: WEEKI WACHEE, FL 34607

Title: VST (X) Change () Addition
Name: EDMONDSON, SUSAN E
Address: 11333 N OAKLEAF AVE
City-St-Zip: TAMPA, FL 33612

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: SUSAN EDMONDSON

VST

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date