

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90172 041 ***150.00

DOCUMENT # 681461

1. Entity Name

DEISON AND ASSOCIATES, INC.



Principal Place of Business

3500 FINANCIAL PLAZA
TALLAHASSEE FL 32312
US

Mailing Address

P O BOX 13764
PO BOX 13764 (32317)
TALLAHASSEE FL 32317
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1628661

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, EDGAR M.
3500 FINANCIAL PLAZA, SUITE 202
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name
Thomas H. Deison

Street Address (P.O. Box Number is Not Acceptable)

3500 Financial Plaza

Suite 202

City
Tallahassee

FL

Zip Code
32312

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME MOORE, EDGAR M
STREET ADDRESS 3500 FINANCIAL PLAZA, SUITE 202
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE S ☒ Delete
NAME SKELTON, BENSON L JR
STREET ADDRESS 1320 THOMASVILLE RD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE V ☐ Delete
NAME BUFORD, A. L., JR.
STREET ADDRESS 217 JOHN KNOX RD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VSD ☐ Delete
NAME CAMPBELL, LINDA J
STREET ADDRESS 3500 FINANCIAL PLAZA, SUITE 202
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ Delete
NAME SKELTON, BENSON L JR.
STREET ADDRESS 1320 THOMASVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSDT ☒ Change ☐ Addition
NAME Campbell, Linda J.
STREET ADDRESS 3500 Financial Plaza, Suite 202
CITY-ST-ZIP Tallahassee, FL 32312

TITLE PD ☒ Change ☐ Addition
NAME Skelton, Benson L. Jr.
STREET ADDRESS 1320 Thomaswood Drive
CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-05 850-386-7789