2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 681461

Entity Name: DEISON AND ASSOCIATES, INC.

Current Principal Place of Business:

1550 VILLAGE SQUARE BLVD., SUITE 3
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

1550-3 VILLAGE SQUARE BLVD.
TALLAHASSEE, FL 32309 US

FEI Number: 59-1628661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEISON, THOMAS H
3500 FINANCIAL PLAZA, SUITE 202
TALLAHASEE, FL 32312 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: VSDT ( ) Delete
Name: CAMPBELL, LINDA J
Address: 1550-3 VILLAGE SQUARE BLVD.
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: PD ( ) Delete
Name: SKELTON, BENSON L JR.
Address: 1320 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: SKELTON, BENSON L JR.
Address: 1320 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD ( ) Change (X) Addition
Name: DEISON, THOMAS H
Address: 1550-3 VILLAGE SQUARE BLVD.
City-St-Zip: TALLAHASSEE, FL 32309

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: THOMAS H. DEISON PD 01/23/2009

Electronic Signature of Signing Officer or Director — Date