

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681461

FILED  
Feb 14, 2011  
Secretary of State

**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:**

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

**New Mailing Address:**

**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  
1550 VILLAGE SQUARE BLVD., SUITE 3  
TALLAHASSEE, 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

**OFFICERS AND DIRECTORS:**

Title: VSDT  
Name: CAMPBELL, LINDA J  
Address: 1550-3 VILLAGE SQUARE BLVD.  
City-St-Zip: TALLAHASSEE, FL 32309 US

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

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

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: THOMAS DEISON

PD

02/14/2011

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

\_\_\_\_\_  
Date