

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720703

FILED
Mar 26, 2009
Secretary of State

Entity Name: DUI COUNTERATTACK, HILLSBOROUGH, INC.

Current Principal Place of Business:

4711 N. HUBERT AVE.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151351
TAMPA, FL 33684

New Mailing Address:

FEI Number: 23-7126778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JUSTICE, HELEN B
4711 N. HUBERT AVENUE
TAMPA, FL 33614 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: D () Delete
Name: DOMINGUEZ, JAMES
Address: 801 E TWIGGS ST
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: HAPNER, ELIZABETH
Address: 304 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33606

Title: S () Delete
Name: KNIGHT, THOMAS
Address: 11305 N MCKINLEY DR
City-St-Zip: TAMPA, FL 33612

Title: V () Delete
Name: QUINN, PHILIP F
Address: 17017 SHADY PINES DR.
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: MENENDEZ, MANUEL
Address: 800 TWIGGS STREET, SUITE 602
City-St-Zip: TAMPA, FL 33602

Title: P () Delete
Name: WILLIAMS, E.D.
Address: 11308 SANDPINE ROAD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: DECATUR, STEPHEN
Address: 2224 N FAULKENBURG RD
City-St-Zip: TAMPA, FL 33619

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP F. QUINN

V

03/26/2009

Electronic Signature of Signing Officer or Director

Date