2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000982

Entity Name: DOLBEY & CO.

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
7164 BEECHMONT CINCINNATI, OH 34230		7164 BEECHMONT CINCINNATI, OH 45230	US	
Current Mailing Address:		New Mailing Address:		
7164 BEECHMONT CINCINNATI, OH 34230		7164 BEECHMONT CINCINNATI, OH 45230	US	
FEI Number: 31-0600843	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of No	Name and Address of New Registered Agent:	
RICE, KENEAH 3047 JORDAN HEIGHTS LAKELAND, FL 33810				
The above named entity s in the State of Florida.	ubmits this statement for the p	ourpose of changing its registered of	fice or registered agent, or both,	

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: PSC () Delete Title: (X) Change () Addition DOLBEY, JAMES M JR. DOLBEY, JAMES M JR. Name: Name: 7164 BEECHMONT AVENUE Address: 7164 BEECHMONT AVENUE Address: City-St-Zip: CINCINNATI, OH 45244 City-St-Zip: CINCINNATI, OH 45230

Title: () Delete Title: (X) Change () Addition

DOLBEY, LINDA Name: DOLBEY, LINDA Name:

Electronic Signature of Registered Agent

Address: 7164 BEECHMONT AVENUE Address: 7164 BEECHMONT AVENUE CINCINNATI, OH 45244 CINCINNATI, OH 45230 City-St-Zip: City-St-Zip:

Title: Title: VΡ (X) Change () Addition () Delete

DOLBEY, HOLLY Name: DOLBEY, HOLLY Name: 7164 BEECHMONT AVENUE Address: 7164 BEECHMONT AVENUE Address:

City-St-Zip: CINCINNATI, OH 45244 City-St-Zip: CINCINNATI, OH 45244

Title: VD () Delete Title: VΡ (X) Change () Addition

DOLBEY, JOHN DOLBEY, JOHN Name: Name:

7164 BEECHMONT AVENUE Address: Address: 7164 BEECHMONT AVENUE City-St-Zip: CINCINNATI, OH 45244 City-St-Zip: CINCINNATI, OH 45230

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: ANNETTE KLEIN CONT 01/06/2009