

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001600

Entity Name: TOM DAVIDSON & SONS, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

79 SCHOOL RD
HAMPTON, GA 30228

New Principal Place of Business:

Current Mailing Address:

PO BOX 257
SUNNYSIDE, GA 30284

New Mailing Address:

FEI Number: 58-2125180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRARI, TONY
209 KIMBERLY DR
PANAMA CITY BEACH, FL 32413 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: CP () Delete
Name: DAVIDSON, TOM SR
Address: PO BOX 638
City-St-Zip: EXPERIMENT, GA 30212

Title: D () Delete
Name: DAVIDSON, GENE
Address: 150 MINTER RD
City-St-Zip: GRIFFIN, GA 30223

Title: DS () Delete
Name: MASON, ANGIE
Address: PO BOX 610
City-St-Zip: SUNNYSIDE, GA 30284

Title: V () Delete
Name: DAVIDSON, SAMUEL J
Address: 85 SCHOOL RD
City-St-Zip: HAMPTON, GA 30228

Title: T () Delete
Name: DAVIDSON, DIANE
Address: PO BOX 667
City-St-Zip: SUNNYSIDE, GA 30284

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: TOM DAVIDSON, SR

CP

04/28/2009

Electronic Signature of Signing Officer or Director

Date