2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# G07836

Entity Name: DAV-LOR INVESTMENTS, INC.

Current Principal Place of Business:

12307 US HWY 301
DADE CITY, FL 33525 US

New Principal Place of Business:

35100 EASTERLING ROAD
DADE CITY, FL 33525 US

Current Mailing Address:

12307 US HWY 301
DADE CITY, FL 33525 US

New Mailing Address:

P. O. BOX 194
DADE CITY, FL 33526 US

FEI Number: 59-2246069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, BARRY
14144 SIXTH ST.
DADE CITY, FL 33525 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: TSM ( ) Delete
Name: IDE, JUDITH A.
Address: 12307 US HWY 301
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete
Name: SURRATT, ANITA G
Address: 12307 US HWY 301
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete
Name: MURPHY, MURIEL J
Address: 12307 US HWY 301
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete
Name: JOHNSON, MIRIAM J
Address: 12307 US HWY 301
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSM (X) Change ( ) Addition
Name: IDE, JUDITH A.
Address: P. O. BOX 194
City-St-Zip: DADE CITY, FL 33526

Title: D (X) Change ( ) Addition
Name: SURRATT, ANITA G
Address: P. O. BOX 194
City-St-Zip: DADE CITY, FL 33526

Title: D (X) Change ( ) Addition
Name: MURPHY, MURIEL J
Address: P. O. BOX 194
City-St-Zip: DADE CITY, FL 33526

Title: D (X) Change ( ) Addition
Name: JOHNSON, MIRIAM J
Address: P. O. BOX 194
City-St-Zip: DADE CITY, FL 33526

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: JUDITH A. IDE TSM 04/07/2009

Electronic Signature of Signing Officer or Director Date