2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# H04561

Entity Name: DOLIME MINERALS COMPANY

Current Principal Place of Business:

140 EAST SUMMERLIN STREET
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

140 EAST SUMMERLIN
P.O. BOX 837
BARTOW, FL 33831 US

New Mailing Address:

P.O. BOX 837
BARTOW, FL 33831 US

FEI Number: 59-2413698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARRELL, MICHAEL R.
108 QUAILWOOD DRIVE
WINTER HAVEN, FL 33880 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: D (X) Delete
Name: SCHMIDT, J.E.,
Address: 5635 STRUTHERS CT. S.E.
City-St-Zip: WINTER HAVEN, FL

Title: D (X) Delete
Name: CONLEY, GAYLE W.,
Address: 595 EAST PEARL STREET
City-St-Zip: BARTOW, FL 33830

Title: PD ( ) Delete
Name: JARRELL, HAROLD C
Address: 1321 REYNOLDS ROAD
City-St-Zip: LAKELAND, FL 33801

Title: VDST ( ) Delete
Name: JARRELL, MICHAEL R
Address: 108 QUAILWOOD DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

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:

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: MICHAEL R. JARRELL VDST 03/19/2009

Electronic Signature of Signing Officer or Director Date