

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # J05633

1. Entity Name
DAWSON REALTY, INC.



Principal Place of Business
705 WALTHAM AVENUE
ORLANDO, FL 32809

Mailing Address
PO BOX 568885
ORLANDO, FL 32856-8885



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2662635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAWSON, WILLIAM L.
1634 WATERWATCH DR
ORLANDO, FL 32806

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000087390
03/15/04-80009-020 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAWSON, WILLIAM L.
1634 WATERWATCH DRIVE
ORLANDO, FL 32806

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William L. Dawson 3/1/04 407-855-6495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #