

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55261

Entity Name: DBA ASSOCIATES, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

129 NANDINA CIRCLE
PONTE VEDRA BCH, FL 32082

New Principal Place of Business:

Current Mailing Address:

C/O WILMOTH & ASSOCIATES, P.A.
2317 BLANDING BLVD., SUITE 206
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-2764816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILMOTH & ASSOCIATES, P.A.
2317 BLANDING BOULEVARD
SUITE 206
JACKSONVILLE, FL 32210 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: PD () Delete
Name: COLLINS, WILLIAM J
Address: 129 NANDINA CIRCLE
City-St-Zip: PONTE VEDRA BCH., FL

Title: VD () Delete
Name: COLLINS, BRENDA
Address: 129 NANDINA CIRCLE
City-St-Zip: PONTE VEDRA BCH., FL

Title: DST () Delete
Name: LEE, LISA
Address: 4839 MARSH HAMMOCK DR. E.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change () Addition
Name: COLLINS, LISA
Address: 4839 MARSH HAMMOCK DR. E.
City-St-Zip: JACKSONVILLE, FL

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: WILLIAM J COLLINS

PD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date