

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040166

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: DAVISON & ASSOCIATES, INC.

**Current Principal Place of Business:**

8226 SIMPKINS WAY  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

8226 SIMPKINS WAY  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 84-0922342      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVISON, JAMES L  
212 VAUGHN'S GAP ROAD  
NASHVILLE, TN, FL 37205      US

**Name and Address of New Registered Agent:**

LEES, KATHERINE D  
8226 SIMPKINS WAY  
MELBOURNE, FL 32940      US

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: KATHERINE DAVISON LEES      03/30/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR.      ( ) Delete  
Name: DAVISON, JAMES L PRESIDE  
Address: 212 VAUGHN'S GAP WAY  
City-St-Zip: NASHVILLE, TN 37205 DA

Title: VP      ( ) Delete  
Name: DAVISON, JEFFERY H VICE PR  
Address: 1008 SE SASSAFRAS  
City-St-Zip: ;FORT WHITE, FL 32038 CO

Title: MRS      ( ) Delete  
Name: LEES, KATHERINE D TRUSTEE  
Address: 8226 SIMPKINS WAY  
City-St-Zip: MELBOURNE, FL 32940 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MRS.      (X) Change ( ) Addition  
Name: LEES, KATHERINE D PRESIDE  
Address: 8226 SIMPKINS WAY  
City-St-Zip: MELBOURNE, FL 32940 BR

Title: VP      (X) Change ( ) Addition  
Name: DAVISON, JEFFERY H VICE PR  
Address: 1008 SE SASSAFRAS  
City-St-Zip: FORT WHITE, FL 32038 CO

Title: DR      (X) Change ( ) Addition  
Name: DAVISON, JAMES L VP  
Address: 212 VAUGHN'S GAP ROAD  
City-St-Zip: NASHVILLE, TN 37205 US

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: KATHERINE DAVISON LEES      PRES      03/30/2009  
Electronic Signature of Signing Officer or Director      Date