


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000105860
1. Entity Name
DAWSON HOLDING COMPNAY, INC.



Principal Place of Business
2 NORTH PALAFOX STREET
PENSACOLA, FL 32502

Mailing Address
2 NORTH PALAFOX STREET
PENSACOLA, FL 32502

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3757482

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MCCRORY, SONDR
2 NORTH PALAFOX STREET
PENSACOLA, FL 32502

**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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000199877
01/28/05-80003-002 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BELL, SCOTT J 2 N PALAFOX STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FOSTER, DANA R 2 N PALAFOX STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TOLAN, JOHN J JR 2 N PALAFOX STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREHERN, W EDWARD 2 N PALAFOX STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 850-430-0187
Date Daytime Phone #