

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105860

FILED  
Mar 01, 2006  
Secretary of State

Entity Name: DAWSON HOLDING COMPNAY, INC.

**Current Principal Place of Business:**

2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502

**New Mailing Address:**

FEI Number: 59-3757482      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MCCRORY, SONDR  
2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502    US

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

SEITH, KIMBERLY A  
2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502    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: KIMBERLY A. SEITH

03/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BELL, SCOTT J  
Address: 2 N PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: SD ( ) Delete  
Name: FOSTER, DANA R  
Address: 2 N PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: TD ( ) Delete  
Name: TOLAN, JOHN J JR  
Address: 2 N PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: TREHERN, W EDWARD  
Address: 2 N PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

**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 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: SCOTT J. BELL

PD

03/01/2006

Electronic Signature of Signing Officer or Director

Date