2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019382

Title:

Name:

Address:

City-St-Zip:

FILED Feb 26, 2005 Secretary of State

Entity Name: THE DAWSON FAMILY COMPANY			
Current Principal Place of Business:		New Principal Place of Business:	
16525-37 N MIAMI, FL			
Current Mailing Address:		New Mailing Address:	
4484 PHILADELPHIA CIRCLE KISSIMMEE, FL 34746		P.O BOX 278245 MIRAMAR, FL 33027	
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X) Certificate of Status Desired (1
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
	OW A ESQ AYNE BLVD 33131 US		
The above r in the State	named entity submits this statement for th of Florida.	e purpose of changing its registered office or registered agent, or b	oth,
SIGNATUR			
	Electronic Signature of Registered A	Agent Date	
	g		
Election Cam	paign Financing Trust Fund Contribution ().		
	-	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS:
	paign Financing Trust Fund Contribution().	ADDITIONS/CHANGES TO OFFICERS AND DIRECTION Title: () Change () Addition Name: Address: City-St-Zip:	TORS:
OFFICERS Title: Name: Address:	paign Financing Trust Fund Contribution (). AND DIRECTORS: D () Delete ABNER, LINDA 3480 NW 212 STREET	Title: () Change () Addition Name: Address:	TORS:
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	paign Financing Trust Fund Contribution (). AND DIRECTORS: D () Delete ABNER, LINDA 3480 NW 212 STREET CAROL CITY, FL 33056 D () Delete DAWSON, GENI 17430 NW 7A AVE	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	TORS:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KNOWLAN DAWSON PDT 02/26/2005

() Delete

DAWSON, WINSTON

2234 NW 86 TERR

MIAMI, FL 33147

(X) Change () Addition

DAWSON, WINSTON

2234 NW 86 TERR

MIAMI, FL 33147