

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123252

Entity Name: DORCHESTER HOMES INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2465 US HIGHTWAY 1 S
4
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

2465 US HIGHTWAY1 S
#4
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 81-0637302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, SAMUEL W
2465 US HIGHTWAY 1 S.
#4
ST. AUGUSTINE, FL 32086 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: POOLE, SAMUEL W
Address: 2465 US HIGHTWAY S #4
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P () Delete
Name: VAN DYKE, WILLIAM HENRY JR.
Address: 515 SHORE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: PD () Delete
Name: POOLE, SAMUEL W
Address: 2465 US HIGHTWAY S #4
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: VAN DYKE, WILLIAM HENRY JR.
Address: 2631 WHITE OAK LA.
City-St-Zip: TITUSVILLE, FL 32780 US

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

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: SAMUEL W. POOLE

Electronic Signature of Signing Officer or Director

PRES

04/29/2009

Date