2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107943

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: DIXON-BYRD MANAGEMENT, INC.

() Delete

() Delete

8275 SENTINAE CHASE DRIVE

DIXON, SEWELL H

18 RHETTS BLUFF RD

VILLWOCK, JEFFREY C

ROSWELL, GA 30076

KIAWAH ISLAND, SC 29455

FILED May 05, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
180 PARK AVENUE NORTH, SUITE 2A WINTER PARK, FL 32789	
Current Mailing Address:	New Mailing Address:
180 PARK AVENUE NORTH, SUITE 2A WINTER PARK, FL 32789	
FEI Number: 26-3868713 FEI Number Applied For () FEI N	umber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
BYRD, TUCKER H 180 PARK AVENUE NORTH, SUITE 2A WINTER PARK, FL 32789 US	BYRD, TUCKER H 1770 SPRUCE AVENUE WINTER PARK, FL 32789 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: TUCKER H BYRD	05/05/2009
Electronic Signature of Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: BYRD, TUCKER H Address: 180 PARK AVENUE NORTH, SUITE 2A City-St-Zip: WINTER PARK, FL 32789	Title: D (X) Change () Addition Name: BYRD, TUCKER H Address: 1770 SPRUCE AVENUE City-St-Zip: WINTER PARK, FL 32789

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

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: TUCKER H BYRD D 05/05/2009

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