

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005429

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: DAUSON SUPPLY CORPORATION

## Current Principal Place of Business:

10193 WALLIEN DRIVE  
BROOKSVILLE, FL 34601 US

## New Principal Place of Business:

## Current Mailing Address:

10193 WALLIEN DRIVE  
BROOKSVILLE, FL 34601 US

## New Mailing Address:

FEI Number: 59-3151963      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GEOFFREY K. MOSHER JR CPA  
140 S. MAIN STREET  
BROOKSVILLE, FL 34601 US

## Name and Address of New Registered Agent:

THOMAS BUSACCA  
10193 WALLIEN DR.  
BROOKSVILLE, FL 34601 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: THOMAS BUSACCA

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BUSACCA, THOMAS  
Address: 10193 WALLIEN DR.  
City-St-Zip: BROOKSVILLE, FL 34601

Title: V ( ) Delete  
Name: BUSACCA, LAUREL  
Address: 10193 WALLIEN DR.  
City-St-Zip: BROOKSVILLE, FL 34601

Title: VP ( ) Delete  
Name: BUSECCA, ROBERT  
Address: 6763 MASON CREEK RD.  
City-St-Zip: HOMOSASSA, FL 34448

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition  
Name: BUSACCA, ROBERT  
Address: 6763 MASON CREEK RD.  
City-St-Zip: HOMOSASSA, FL 34448

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: THOMAS BUSACCA

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date