

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000015298

Entity Name: WILLIAMSON DACAR ASSOCIATES INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

935 MAIN ST
SUITE C-4
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

935 MAIN ST
SUITE C-4
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 59-3231388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMSON, THEODORE J
1608 HUNTINGTON PL
SAFETY HARBOR, FL 346953155 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: THEODORE J. WILLIAMS, ON
Address: 1608 HUNTINGTON PL
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD () Delete
Name: DAVID W. DACAR,
Address: 935 MAIN STREET, SUITE C-4
City-St-Zip: SAFETY HARBOR, FL

Title: STD () Delete
Name: DENISE DACAR,
Address: 935 MAIN STREET, SUITE C-4
City-St-Zip: SAFETY HARBOR, FL

Title: D () Delete
Name: SUSAN WILLIAMSON,
Address: 1608 HUNTINGTON PL
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: DAVID W. DACAR,
Address: 935 MAIN STREET, SUITE C-4
City-St-Zip: SAFETY HARBOR, FL 34695

Title: STD (X) Change () Addition
Name: DENISE DACAR,
Address: 935 MAIN STREET, SUITE C-4
City-St-Zip: SAFETY HARBOR, FL 34695

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: THEODORE J WILLIAMSON

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date