2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P95000006853

Entity Name: DILLON CORPORATION OF TAMPA, INC.

Current Principal Place of Business:

110 NORTH 11TH STREET
2ND FLOOR
TAMPA, FL 33602

New Principal Place of Business:

814 SOUTH DELAWARE AVE
TAMPA, FL 33606

Current Mailing Address:

110 NORTH 11TH STREET
2ND FLOOR
TAMPA, FL 33602

New Mailing Address:

814 SOUTH DELAWARE AVE
TAMPA, FL 33606

FEI Number: 59-3299975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 NORTH HIGHLAND AVENUE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

DAVIS, CODY FOWLER
814 SOUTH DELAWARE AVE
TAMPA, FL 33606 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: CODY FOWLER DAVIS 04/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVIS, CODY F
Address: 110 NORTH 11TH STREET, 2ND FL.
City-St-Zip: TAMPA, FL 33602

Title: VPSD ( ) Delete
Name: DAVIS, JAMES O III
Address: 110 NORTH 11TH STREET, 2ND FL.
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DAVIS, CODY FOWLER
Address: 814 SOUTH DELAWARE AVE
City-St-Zip: TAMPA, FL 33606

Title: VP (X) Change ( ) Addition
Name: DAVIS, JAMES O III
Address: 209 BLANCA AVE
City-St-Zip: TAMPA, FL 33606

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: CODY FOWLER DAVIS PRES 04/13/2009
Electronic Signature of Signing Officer or Director Date