## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000024089

Title:

Name:

Address:

City-St-Zip:

Entity Name: DIX . LATHROP AND ASSOCIATES, INC.

( ) Delete

1580 MYRTLE LAKE HILLS RD

LONGWOOD, FL 32750

DIX, DEBORAH K.

FILED Jan 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 150 W. JESSUP AVENUE LONGWOOD, FL 32750 **Current Mailing Address: New Mailing Address:** 150 W. JESSUP AVENUE LONGWOOD, FL 32750 FEI Number: 59-3368091 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIX, JEFFREY C 150 W. JESSUP AVE. LONGWOOD, FL 32750 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition DIX, JEFFREY C LATHROP, CHRISTINA H Name: Name: 1580 MYRTLE LAKE HILLS RD 328 SPRING RUN CIRCLE Address: Address: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: DV Title: DV () Delete (X) Change ( ) Addition LATHROP, CHRISTINA H Name: Name: DIX. JEFFREY C 328 SPRING RUN CIRCLE 1580 MYRTLE LAKE HILLS ROAD Address: Address: LONGWOOD, FL 32779 City-St-Zip: City-St-Zip: LONGWOOD, FL 32750 ( ) Delete Title: Title: () Change () Addition O'CONNOR, GAIL E. Name: Name: 1311 MYRTLE DRIVE Address: Address: City-St-Zip: LONGWOOD, FL 32750 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTINA H LATHROP PD 01/15/2009

() Change () Addition