

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057654

Entity Name: DOWELLGROUP, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

4646 CARLTON DUNES DR.
SUITE #2
AMELIA ISLAND, FL 32034 US

Current Mailing Address:

4646 CARLTON DUNES DR.
SUITE #2
AMELIA ISLAND, FL 32034 US

New Principal Place of Business:

1136 RIVER BAY ROAD
300
ANNAPOLIS, MD 21409 US

New Mailing Address:

101 ERFORD ROAD
300
CAMP HILL, PA 17011 US

FEI Number: 54-1947096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, ARTHUR
401 CENTRE STREET
2ND FLOOR
FERNANDINA BEACH, FL 32034 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: P () Delete
Name: DOWELL, GUY G JR
Address: 4646 CARLTON DUNES DR #2
City-St-Zip: AMEIA ISLAND, FL 32034

Title: ADMT () Delete
Name: DOWELL, JUNE F
Address: 4646 CARLTON DUNES DR #2
City-St-Zip: AMEIA ISLAND, FL 32034

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOWELL, GUY G JR
Address: 1136 RIVER BAY ROAD
City-St-Zip: ANNAPOLIS, MD 20814 US

Title: P (X) Change () Addition
Name: KEEFAUVER, CRAIG W
Address: 1045 COUNTRY CLUB ROAD
City-St-Zip: CAMP HILL, PA 17011 US

Title: P () Change (X) Addition
Name: EIDELMAN, MARK
Address: 1820 CLIFFE HILL WAY
City-St-Zip: POTOMAC, MD 20854 US

Title: P () Change (X) Addition
Name: GOINS, MINDI
Address: 533 RICHMOND SQUARE NE
City-St-Zip: LEESBURG, VA 20176 US

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: GUY G DOWELL

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date