

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093085

Entity Name: HENRY DOWD EA, INC.

FILED  
Apr 17, 2009  
Secretary of State

**Current Principal Place of Business:**

23110 STATE ROAD 54  
STE 317  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

23110 STATE ROAD 54  
STE 317  
LUTZ, FL 33549

**New Mailing Address:**

FEI Number: 59-3603101      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOWD, HENRY R  
23110 SR 54  
STE 317  
LUTZ, FL 33549 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: D,P ( ) Delete  
Name: DOWD, HENRY R  
Address: 5141 EAGLE ISLAND DRIVE  
City-St-Zip: LAND O' LAKES, FL 34639

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP,S ( ) Change (X) Addition  
Name: DOWD, ROLAND H  
Address: 5141 EAGLE ISLAND DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Change (X) Addition  
Name: RACOMA, JENNIFER A  
Address: 23735 HASTINGS WAY  
City-St-Zip: LAND O LAKES, FL 34639

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: HENRY R DOWD

P,D

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date