


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 694611**  
 1. Entity Name  
 DAVIS, SCHNITKER, REEVES & BROWNING, P.A.



Principal Place of Business: 519 WEST BASE ST. MADISON, FL 32340  
 Mailing Address: POST OFFICE DRAWER 652 MADISON, FL 32341

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-2207374 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHNITKER, CLAY A  
 519 WEST BASE STREET  
 MADISON, FL 32340

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHNITKER, CLAY A
STREET ADDRESS	519 WEST BASE ST.
CITY - ST - ZIP	MADISON, FL 32340
TITLE	ST
NAME	REEVES, GEORGE T
STREET ADDRESS	519 WEST BASE ST.
CITY - ST - ZIP	MADISON, FL 32340
TITLE	VP
NAME	BRWONING, E. BAILEY III
STREET ADDRESS	519 WEST BASE ST.
CITY - ST - ZIP	MADISON, FL 32340
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/09/07-80013-020 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: Clay A. Schnitker, President 2/28/07 850-973-4186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #