## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #694611**

1. Entity Name

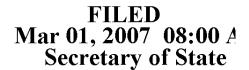
DAVIS, SCHNITKER, REEVES & BROWNING, P.A.



Principal Place of Business

Mailing Address

519 WEST BASE ST. MADISON, FL 32340 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 Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNITKER, CLAY A 519 WEST BASE STREET MAISON, FL 32340

**SIGNATURE:** 

## 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 Signature. Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P COUNTY OF A V A				·
name Street address	SCHNITKER, CLAY A 519 WEST BASE ST.				
CITY-ST-ZIP	MADISON, FL 32340				
TITLE	ST				U00000651592
NAME	REEVES, GEORGE T				000000651592 03/03/07-80013-020 150.00
STREET ADDRESS	519 WEST BASE ST.				•
CITY-ST-ZIP	MADISON, FL 32340				
TITLE	VP	j			
NAME STREET ADDRESS	BRWONING, E.BAILEY III 519 WEST BASE ST.			<b>D</b> •	
CITY-ST-ZIP	MADISON, FL 32340	<b>i</b> '		סט	NOT WRITE
TITLE	<u> </u>			INI '	THIS SPACE
NAME				F11	ITIIS STACE
STREET ADDRESS					
CITY-SI-ZIP					
TITLE					
NAME STREET ADDRESS				•	
CITY-ST-ZIP					
TITLE		·············			
NAME					
STREET ADDRESS		1			
CITY-SI-ZIP					
12. I hereby certify that the information supplied with this filling 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 a character of the corporation or the receiver or trustee empowered be 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 tike true to wered.					