


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

01-24-2008 90044 019 ***150.00

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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

66001740



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2207374	Applied For Not Applicable
3. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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 attachments.

SIGNATURE: Clay A. Schnitker Pres. 2/26/08 850-973-4186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devoine Phone #