


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ FILED
 Apr 10, 2008 8:00 am
 Secretary of State

03-19-2008 90149 013 ***138.75

DOCUMENT # L07000051695

1. Entity Name
 DAVIS & GOODFELLOW ENTERPRISES, LLC



Principal Place of Business
 344 S WOODLAND BLVD
 DELAND, FL 32720 US

Mailing Address
 344 S WOODLAND BLVD
 DELAND, FL 32720 US

30003592



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03172008 Chg-LLC CR2E083 (12/06)

City & State
 City & State

Zip Country
 Zip Country

4. FEI Number
 26-0177160

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODFELLOW, NANCY J
 344 S WOODLAND BLVD
 DELAND, FL 32720

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 \$138.75
 After May 1, 2008 Fee will be \$638.75**

Make check payable to
 Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAVIS, MICHAEL H 344 S WOODLAND BLVD DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GOODFELLOW, NANCY J 344 S WOODLAND BLVD DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  3/17/08 386-734-2622

SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #