


FILED
Jun 27, 2005 8:00 am
Secretary of State

05-03-2005 90089 011 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P0000055466
 1. Entity Name
DAVIS INVESTMENTS COMPANY, INC.



Principal Place of Business **246 OSPREY CIRCLE**
~~XXXXXXXXXXXXXXXX~~ **ST MARYS, GA** ~~XXXXXXXXXXXXXXXX~~ **246 OSPREY CIRCLE**
~~XXXXXXXXXXXXXXXX~~ **31548** ~~XXXXXXXXXXXXXXXX~~ **ST MARYS, GA 31558**
~~XXXXXXXXXXXXXXXX~~ **FERNANDINA BEACH, FL 32034** ~~XXXXXXXXXXXXXXXX~~ **FERNANDINA BEACH, FL 32034**



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3651531** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~XXXXXXXXXXXXXXXX~~ **MICHAEL L. DAVIS**
~~XXXXXXXXXXXXXXXX~~ **246 OSPREY CIRCLE**
~~XXXXXXXXXXXXXXXX~~ **ST MARYS, GA 31558**
~~XXXXXXXXXXXXXXXX~~ **295 MARSH LAKES DRIVE**
~~XXXXXXXXXXXXXXXX~~ **FERNANDINA BEACH, FL 32034**

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 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 Michael L. Davis **Michael L. Davis** 6/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	XXXXXXXXXXXXXXXX MICHAEL L. DAVIS
STREET ADDRESS	XXXXXXXXXXXXXXXX 246 OSPREY CIRCLE
CITY-ST-ZIP	XXXXXXXXXXXXXXXX ST MARYS, GA 31558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael L. Davis **Michael L. Davis** 4/27/05 912-510-8156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #