

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000117966**

1. Entity Name  
DB DAVIS HOMES, INC.



Principal Place of Business  
315 S HUCKLEBERRY LAKE DR  
SEBRING, FL 33875

Mailing Address  
315 S HUCKLEBERRY LAKE DR  
SEBRING, FL 33875



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0391471

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LIVINGSTON, ROBERT E  
445 S COMMERCE AVE  
SEBRING, FL 33870

**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, 2006 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           | DAVIS, DAVID B            |
| STREET ADDRESS | 315 S HUCKLEBERRY LAKE DR |
| CITY-ST-ZIP    | SEBRING, FL 33875         |
| TITLE          | S                         |
| NAME           | BACKUS, MICHELLE S        |
| STREET ADDRESS | 505 SUMMIT DR.            |
| CITY-ST-ZIP    | SEBRING, FL 33870         |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

000000450641  
03/10/06-80013-025 150.00

**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: David Davis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06 863-381-8319  
Date Daytime Phone #