


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90015 021 \*\*\*150.00

**DOCUMENT # P03000127719**

1. Entity Name  
**DAVIES SHOTCRETE INC.**



Principal Place of Business 17049 OXENHAM AVE SPRING HILL, FL 34610-1661	Mailing Address 17049 OXENHAM AVE SPRING HILL, FL 34610-1661
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**DO NOT WRITE IN THIS SPACE**



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1076433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIES, MARY**  
**17049 OXENHAM AVE**  
**SPRING HILL, FL 34610-1661**

**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: Mary C. Davies Corp Secretary DATE: 3-26-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reflecting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 DAVIES, GLENN A 17049 OXENHAM AVE SPRING HILL, FL 346101881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAVIES, GLEN R 17049 OXENHAM AVE SPRING HILL, FL 346101881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAVIES, MARY C 17049 OXENHAM AVE. SPRING HILL, FL 346101881
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 118, 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 807, 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: MARY C. DAVIES Mary C. Davies DATE: 3-26-07 727-856-9720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date. Domestic Phone #