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Secretary of State

04-12-2006 90082 041 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000138633

1. Entity Name
DAVIS PARTNERS, INC.

Principal Place of Business	Mailing Address
2717 BARNSLEY LANE KISSIMMEE, FL 34744	717 E OAK ST KISSIMMEE, FL 34744

02242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1714 E. Irlo BronsonMemorial Hwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud, FL	City & State
Zip: 34771 Country: US	Zip Country

4. FEI Number: 61-1483716 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, JOHN P 2717 BARNSLEY LANE KISSIMMEE, FL 34744	Name: Street Address (P.O. Box Number is Not Acceptable): 1714 E. Irlo Bronson Memorial Hwy City: St. Cloud FL Zip Code: 34771

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JOHN P 2717 BARNSLEY LANE KISSIMMEE, FL 34744 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1714 E. Irlo Bronson Memorial Hwy St. Cloud, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, CHARLOTTE H 2717 BARNSLEY LANE KISSIMMEE, FL 34744 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 3-12-06 407-957-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #