

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000148929

1. Entity Name
S DAVIS ENTERPRISES, INC.



FILED

07 JUL 20 PM 1:29

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
250 BERMUDA ROAD
TALLAHASSEE, FL 32312

Mailing Address
250 BERMUDA ROAD
TALLAHASSEE, FL 32312



07182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2420351	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, STEPHEN
250 BERMUDA ROAD
TALLAHASSEE, FL 32312

**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]*

7/20/07

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
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	MATTHEWS, LEONARD JR
STREET ADDRESS	509 E MAGNOLIA TERRACE #H-127
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	V
NAME	FORD, ALPONSO
STREET ADDRESS	330 REED STREET
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	P
NAME	FORD, STEPHEN
STREET ADDRESS	330 REED STREET
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500106647255
07/24/07--01056--016 **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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/07

Daytime Phone #

7/20