


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000020102  
 1. Entity Name  
 DAVIS ANALYTICAL LABORATORIES, INC.



Principal Place of Business  
 8251 15TH ST E  
 STE 1  
 SARASOTA, FL 34243 US

Mailing Address  
 P. O. BOX 134  
 TALLEVAST, FL 34270 US



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0736065 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, JOHN F  
 2033 WOOD ST.  
 #220  
 SARASOTA, FL 34236

**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 \_\_\_\_\_ (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	P
NAME	NACKORD, STEPHEN F.
STREET ADDRESS	1520 HARMONY LANE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000426306  
 02/20/06-80037-010 150.00

**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: Stephen F. Nackord 2/6/06 (941) 359-1662

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