


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # S23892
 1. Entity Name
DAVIANE ENTERPRISES, INC.



Principal Place of Business: **25550 TECHNOLOGY BLVD
 PUNTA GORDA, FL 33950**
 Mailing Address: **25550 TECHNOLOGY BLVD
 PUNTA GORDA, FL 33950**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number: **65-0241269** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HOLMES, DAVID A ESQ
 99 NESBIT STREET
 PUNTA GORDA, FL 33950**

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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 re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

U00000400440
 02/02/06-80004-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WAKEMAN, DAVID A.
STREET ADDRESS	1126 LA SALINA COURT
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	VP
NAME	TOLLISON, JEFFREY W.
STREET ADDRESS	3811 PALM DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 member 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 A. Wakeman* **DAVID A. WAKEMAN** 1-17-06 (941) 505-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/1mo/1Year #