


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**


04-09-2007 90035 041 \*\*\*150.00

<b>DOCUMENT # S23892</b> 1. Entity Name DAVIANE ENTERPRISES, INC.	
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<b>Principal Place of Business</b> 25550 TECHNOLOGY BLVD PUNTA GORDA, FL 33950	<b>Mailing Address</b> 25550 TECHNOLOGY BLVD PUNTA GORDA, FL 33950
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01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0241269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

HOLMESN, DAVID A ESQ  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering)

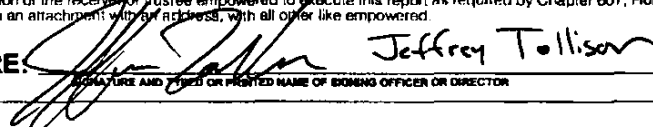
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAKEMAN, DAVID A. 1128 LA SALINA COURT PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOLLISON, JEFFREY W 3811 PALM DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 my address, with all other like empowered.

SIGNATURE:  Jeffrey Tollison V.P. 4/20/2007 941-505 0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #