


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # V36934

1. Entity Name
NETTIE DAVIS, INC.



Principal Place of Business 846 S.W. MAIN BLVD. LAKE CITY, FL 32025 US	Mailing Address 846 S.W. MAIN BLVD. LAKE CITY, FL 32025 US
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DO NOT WRITE IN THIS SPACE



04122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3124977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, NETTIE
 846 S.W. MAIN BLVD.
 LAKE CITY, FL 32025**

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000903456
 04/30/08-80044-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, NETTIE M 846 S.W. MAIN BLVD. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUND, JACQUELINE 1054 S.W. MONTGOMERY DR. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Nettie M Davis **4/12/08**

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