

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90218 048 \*\*\*150.00

| <b>DOCUMENT # P02000088259</b>   |                     |                                   |   |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>1. Entity Name</b><br>BRIAN DAVIS SEPTIC & BACKHOE SERVICES, INC.   |                     |                                   |   |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Principal Place of Business</b><br>9255 141ST AVE<br>FELLSMERE, FL 32948  |                     |                                   | <b>Mailing Address</b><br>P O BOX 99<br>FELLSMERE, FL 32948   |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>7200 84th Ave   |                     | <b>3. Mailing Address</b><br>Same |   |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suite, Apt. #, etc.  |                     | Suite, Apt. #, etc.               |   |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>City &amp; State</b><br>Vero Beach FL   |                     | <b>City &amp; State</b>           |   | <b>4. FEI Number</b><br>30-0108231   |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Zip</b><br>32967  |                     | <b>Country</b><br>TADIAN RIVER    |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>DAVIS, BRIAN K<br>P O BOX 99<br>FELLSMERE, FL 32948  |                     |                                   | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>DAVIS, BRIAN K</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>5190 95th Street</u><br>City: <u>SEBASTIAN</u> <b>FL</b> <u>32958</u> |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>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.</b>   |                     |                                   |   |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIGNATURE: <u>BRIAN DAVIS</u> <span style="float: right;">1/8/07</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>  |                     |                                   |   |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |                     |                                   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">P</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DAVIS, BRIAN K</td> <td></td> <td>NAME</td> <td>DAVIS, BRIAN K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9255 141ST AVE</td> <td></td> <td>STREET ADDRESS</td> <td>5190 - 95th Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FELLSMERE, FL 32948</td> <td></td> <td>CITY-ST-ZIP</td> <td>SEBASTIAN, FL 32958</td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> </table> |                     |                                   |   |  |  | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | P | <input type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | DAVIS, BRIAN K |  | NAME | DAVIS, BRIAN K |  | STREET ADDRESS | 9255 141ST AVE |  | STREET ADDRESS | 5190 - 95th Street |  | CITY-ST-ZIP | FELLSMERE, FL 32948 |  | CITY-ST-ZIP | SEBASTIAN, FL 32958 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS   |                     |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | P                   | <input type="checkbox"/> Delete   | TITLE   | P  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME   | DAVIS, BRIAN K      |                                   | NAME  | DAVIS, BRIAN K   |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| STREET ADDRESS   | 9255 141ST AVE      |                                   | STREET ADDRESS  | 5190 - 95th Street   |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP  | FELLSMERE, FL 32948 |                                   | CITY-ST-ZIP   | SEBASTIAN, FL 32958  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>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.</b>  |                     |                                   |   |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SIGNATURE:</b> <u>BRIAN DAVIS</u> <span style="float: right;">1/8/07 772-571-8200</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                     |                                   |   |  |  |                            |  |  |   |  |  |       |   |                                 |       |   |  |      |                |  |      |                |  |                |                |  |                |                    |  |             |                     |  |             |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |