

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/1/2007-90036-017-\$550.00-\$550.00

DOCUMENT # F06000003609

1. Entity Name
FLORIDA DAVIS, INCORPORATED



FILED

07 DEC 26 PM 4:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**33 W HIGGINS RD SUITE 710
S BARRINGTON, IL 60010**

Mailing Address
**33 W HIGGINS RD SUITE 710
S BARRINGTON, IL 60010**



RESTATEMENT 2007
07182007 No Chg-P (CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1735483

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, TOM
1311 NORTH WEST SHORE BLVD SUITE 305
TAMPA, FL 33607-4616**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CP
DAVIS, J.R.
33 W HIGGINS RD SUITE 710
S BARRINGTON, IL 60010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCS
DAVIS, DAWN
33 W HIGGINS RD SUITE 710
S BARRINGTON, IL 60010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
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CITY - ST - ZIP

08/01/07 90036 017 \$550.00

**100113389841
12/26/07--01004--011 **200.00**

**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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #