

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 147526</b>	
1. Entity Name J.B. DAVIS INC.	
Principal Place of Business 420 LAKE SHORE DR MADISON, FL 32340	Mailing Address 420 LAKE SHORE DR MADISON, FL 32340



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0555659	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 JR, JAMES B BASE & DUVAL STREET MADISON, FL 32340
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	CEOD DAVIS JR, JAMES B 420 LAKESHORE DR MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, MARTHA O 420 LAKESHORE DR MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JAMES B III 420 LAKESHORE DR MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, MARTHA D 420 LAKESHORE DR MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, HENRY N 420 LAKESHORE DR MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000239413  
02/22/05-80044-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2-17-05 Daytime Phone #: 809738215