


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 159848		
1. Entity Name THE DAVIS COMPANY OF TAMPA, INC.		

Principal Place of Business 45 ADALIA AVE. TAMPA FL 33606 US	Mailing Address 45 ADALIA AVE. TAMPA FL 33606 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-0604384	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

DAVIS, GENE 45 ADALIA AVE TAMPA FL 33606
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 renewing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	DAVIS, GENE	
STREET ADDRESS	45 ADALIA AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, HELEN GORDON	
STREET ADDRESS	45 ADALIA AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, STEPHANIE	
STREET ADDRESS	45 ADALIA AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, KAREN BETH	
STREET ADDRESS	45 ADALIA AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, GORDON	
STREET ADDRESS	45 ADALIA AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U000000017727
01/28/04-80108-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gene Davis 1/21/04 813-254-9398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR