



**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 159848</b>			
1. Entity Name <b>THE DAVIS COMPANY OF TAMPA, INC.</b>			
Principal Place of Business <b>45 ADALIA AVE. TAMPA, FL 33606 US</b>		Mailing Address <b>45 ADALIA AVE. TAMPA, FL 33606 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04192008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-0604384</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVIS, GENE 45 ADALIA AVE TAMPA, FL 33606</b>		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		05/20/08-80041-024 150.00	
TITLE	PSD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	DAVIS, GENE		
STREET ADDRESS	45 ADALIA AVE.		
CITY-ST-ZIP	TAMPA, FL		
TITLE	VD		
NAME	DAVIS, HELEN GORDON		
STREET ADDRESS	45 ADALIA AVE.	<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP	TAMPA, FL		
TITLE	VD		
NAME	DAVIS, STEPHANIE		
STREET ADDRESS	45 ADALIA AVE.		
CITY-ST-ZIP	TAMPA, FL		
TITLE	VD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	DAVIS, KAREN BETH		
STREET ADDRESS	45 ADALIA AVE.		
CITY-ST-ZIP	TAMPA, FL		
TITLE	VD		
NAME	DAVIS, GORDON		
STREET ADDRESS	45 ADALIA AVE.	<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP	TAMPA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 <i>Gene Davis</i>		Date <i>4/14/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>813 754 8507</i>	