

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


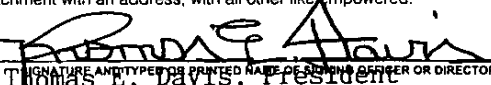
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07032006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 212112</b>					
1. Entity Name DAVIS BROS., INC.					
Principal Place of Business 321 DAVIS BROS., RD. FROSTPROOF, FL 33843			Mailing Address 321 DAVIS BROS., RD. FROSTPROOF, FL 33843		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0846514	
				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, THOMAS E. 321 DAVIS BROS. ROAD FROSTPROOF, FL 33843			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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, THOMAS E 321 DAVIS BROS. ROAD FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYRD, PAULA A 321 DAVIS BROS. ROAD FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	900077530579 07/14/06--01050--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	207/11
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:  Thomas E. Davis, President				7-6-06 Date Daytime Phone #	

# DAVIS BROS., INC.

321 Davis Bros. Road • Frostproof, FL 33843 • (813) 635-2234  
863

Tina D. Carter  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

July 6, 2006

Ref. Number: 212112

Dear Ms. Carter:

Enclosed please find the completed Annual Report for 2006 For Profit Corporation and check number 320 for \$150.00 for the renewal fee. Please waive the \$400.00 Late Fee as the original forms were never received and we do not have internet access.

If you have any questions please contact me by telephone at 863 635-2234.

Sincerely,



Thomas E. Davis, President

TED/pb