

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 280948

1. Entity Name
E.N. DAVIS GROVE, INC.



Principal Place of Business
4802 S. MUDLAKE RD. S.
PLANT CITY, FL 33567-9286

Mailing Address
4802 S. MUDLAKE RD. S.
PLANT CITY, FL 33567-9286



02122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1116174

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, CHARLES L.
901 E SPARKMAN RD
PLANT CITY, FL 33566

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, C.L.
STREET ADDRESS	901 E SPARKMAN RD
CITY-ST-ZIP	PLANT CITY, FL
TITLE	VTD
NAME	DAVIS, CLAYTON
STREET ADDRESS	4802 MUDLAKE RD
CITY-ST-ZIP	PLANT CITY, FL
TITLE	SD
NAME	DAVIS, LLOYD N.
STREET ADDRESS	601 N JOHNSON
CITY-ST-ZIP	PLANT CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/05-80018-018 150.00

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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)(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: Clayton Davis Clayton Davis 4-20-05 737-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #