

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 286877

1. Entity Name
DAVIS INSURANCE AGENCY, INC.



Principal Place of Business
**1251 NE 2ND ST.
P.O. BOX 1328 (MAILING ADDRESS)
OCALA, FL 34478 US**

Mailing Address
**1251 NE 2ND ST.
P.O. BOX 1328 (MAILING ADDRESS)
OCALA, FL 34478 US**



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1097071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROSS, CAREY L
1251 NE 2ND ST
OCALA, FL 34470**

**DO NOT WRITE
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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

000000064262
02/24/04-80005-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, CAREY L. 1251 NE 2ND ST. OCALA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(j), 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

Carey L Ross

2/23/04

352 622 7124

Date

Daytime Phone #