2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# 286877

Entity Name: DAVIS INSURANCE AGENCY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1251 NE 2ND ST.
OCALA, FL 34470 US

Current Mailing Address:

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

New Mailing Address:

P O BOX 1328
OCALA, FL 34478 US

FEI Number: 59-1097071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROSS, CAREY L.,
Address: 1251 NE 2ND ST.
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROSS, CAREY L.,
Address: 1251 NE 2ND ST.
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAREY L ROSS PD 03/09/2007
Electronic Signature of Signing Officer or Director Date