


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # 295530	
1. Entity Name JIMMY DAVIS ENTERPRISES, INC.	

Principal Place of Business 151 S.E. LAKESHORE DRIVE MADISON, FL 32340	Mailing Address 151 S.E. LAKESHORE DRIVE MADISON, FL 32340
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1100194	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

**DAVIS, JAMES B., JR.
420 LAKE SHORE DR
MADISON, FL
MADISON, FL 32340**

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAVIS, JAMES B., JR. 420 LAKE SHORE DR MADISON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, MARTHA O. 420 LAKE SHORE DR MADISON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT DAVIS, JAMES B., III 420 LAKE SHORE DR MADISON, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SAUNDERS, LYNN D 425 LAKESHORE DR MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, HENRY NUNN 420 LAKESHORE DRIVE MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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05/09/07-80014-024 150.00

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: *Henry Nunn* **4-23-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #