FILED
Jun 02, 2004 8:00 am
Secretary of State

05-03-2004 90429 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/.

DOCUMENT # 303881

1. Entity Name

Davis + Gaines, Inc.

DO NOT WRITE IN THIS SPACE

66425936

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 7705	P.O. Box 7705
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven Fl	City & State: Winter Haven Fl
Zip: 33883 Country: USA	Zip: 33883 Country: USA

4. FEI Number: 59-1140089 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: William L. Davis

Street Address (P.O. Box Number is Not Acceptable): 933 Country Lake Circle

City: Lake Wales FL Zip Code: 33853

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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

1 - January 1 - May 1: Fee is $150.00
2 - After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: President	TITLE:
NAME: Stella D. Gaines	NAME:
STREET ADDRESS: 1405 Dolive Dr.	STREET ADDRESS:
CITY-ST-ZIP: Orlando Fl 32803	CITY-ST-ZIP:
TITLE: V. Pres	TITLE:
NAME: William L. Davis	NAME:
STREET ADDRESS: 933 Country Lake Circle	STREET ADDRESS:
CITY-ST-ZIP: Lake Wales, Fl 33853	CITY-ST-ZIP:
TITLE: Treas.	TITLE:
NAME: Frances Stebbins	NAME:
STREET ADDRESS: 82 Stebbins Dr.	STREET ADDRESS:
CITY-ST-ZIP: Winter Haven, Fl 33884	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
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STREET ADDRESS:	STREET ADDRESS:
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NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frances Stebbins Treas. 4-27-04 (863) 298-5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANCES STEBBINS