


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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|---|--|---------|--|---|---|---|--|
| DOCUMENT # 303881 1. Entity Name DAVIS AND GAINES, INC. | | | |  | | 05 OCT -4 AM 9:28 MAIL FLORIDA | |
| Principal Place of Business P.O. BOX 7705 WINTER HAVEN, FL 33883 US | | | | Mailing Address P.O. BOX 7705 WINTER HAVEN, FL 33883 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent DAVIS, WILLIAM L 933 COUNTRY LAKE CIRCLE LAKE WALES, FL 33853 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 \$550.00 Due by September 7, 2005 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GAINES, STELLA D 1405 DOLIVE DR ORLANDO, FL 32803 | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP DAVIS, WILLIAM LEE 933 COUNTRY LAKE CIR LAKE WALES, FL 33853 | | | <input type="checkbox"/> Delete | 100060216031 10/04/05--01060--006 **550.00 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T STEBBINS, FRANCES 82 STEBBINS DRIVE WINTER HAVEN, FL 33884 | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <i>Frances Stebbins</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | 9-19-05 Date | | (863) 298-5220 Daytime Phone # | |