

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 324871

1. Entity Name
JOE L. DAVIS, INC.



Principal Place of Business
**234 S 6TH AVE
P.O. BOX 1149
WAUCHULA, FL 33873**

Mailing Address
**234 S 6TH AVE
P.O. BOX 1149
WAUCHULA, FL 33873**



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1201553** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, JOE L JR
PO BOX 1149
234 SOUTH 6TH AVE
WAUCHULA, FL 33873**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, JOE L SR
STREET ADDRESS	PO BOX 1149
CITY - ST - ZIP	WAUCHULA, FL 33873
TITLE	STD
NAME	DAVIS, JOE L, JR.
STREET ADDRESS	322 NE MANLEY RD., PO BOX 1149
CITY - ST - ZIP	WAUCHULA, FL 33873
TITLE	VPD
NAME	O'NEAL, JOHN H
STREET ADDRESS	PO BOX 1149, 234 S 6 ST
CITY - ST - ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000517001
05/01/06-80025-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Joe L. Davis, Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 863-773-2128

Date

Daytime Phone