

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 369075

1. Entity Name
DAVIS PLAN INCORPORATED



Principal Place of Business
**22 NE 22ND AVENUE
POMPANO BEACH, FL 33062**

Mailing Address
**22 NE 22ND AVENUE
POMPANO BEACH, FL 33062**



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1304463

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, WILLIAM F. III
22 NE 22ND AVENUE
POMPANO BEACH, FL 33062**

**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 restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**U000000090252
03/17/04-80011-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SILVERMAN, LORI A
STREET ADDRESS	2221 CYPRESS ISLAND DR
CITY - ST - ZIP	POMPANO BEACH, FL
TITLE	VD
NAME	MACEK, MARK
STREET ADDRESS	2700 SE 6 ST
CITY - ST - ZIP	POMPANO BCH, FL
TITLE	PD
NAME	DAVIS, III, WILLIAM F
STREET ADDRESS	22 NE 22 AVENUE
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	TD
NAME	SMOLICH, JAMES J
STREET ADDRESS	318 NW 120TH DR
CITY - ST - ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William F. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-04 **(954) 784-9400**
Date Daytime Phone #