2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2006 08:00 AM Secretary of State

| ANNUAL REPORT | | | Secretary of State | | |
|---|---|-------------------------------|--|-------------------------------|---|
| DOCUMENT # 4047 | | { | Secreta | iry or state | |
| 1. Entity Name DAVIS PROPERTIES, INC. | | | { | | |
| DAVIS PROPERTIES, INC. | | | { | | |
| | | 1 | ĺ | | |
| Principal Place of Business | Malling Address | | { | | |
| 1113 KAPOK CIRCLE CLEARWATER, FL 33759 | 1113 KAPOK CIRCLE Clearwater, Fl. 33759 | | { | | |
| CLEARWATER, FL 33739 | GECANANTEN, TE 33733 | | T THE PILL BY WALL MAN | | #11 W1W11 #10014 W1W11 W1W11 W1W11WW1 21 FWW1 |
| | | | | | |
| | | | { | 316 B1845 48B18 48B1 4844 B11 | 655 \$5615 \$5831 B5835 \$1855 \$1015\$885 \$1 1885 |
| - | · - | | 01092006 | No Chg-P | CR2E034 (11/05) |
| DO NOT W | CE | 4. FEI Number | | Applied For | |
| | | | 59-14092 | 247 | Not Applicable |
| | _ | | 5. Certificate of | Status Desired | \$8.75 Additional |
| 6 Name and Address | s of Current Registered Agent | | | | Fee Required |
| O. Naine and Addica | o o out our regent of the out | | Andrew | # * ***** | |
| COOK, J HARRIS | Į | DO N | NOT WE | RITE | |
| 7510 RIDGE RD PORT RICHEY, FL 34668 | | { ` | | | |
| | | | 1174 1 | HIS SPA | 4CE |
| (| | - | | | |
| 5. The above named entity submits this | s statement for the purpose of changing its regist | ered office or registe | red agent, or both, | in the State of Florid | ia. I am familiar with, and accept |
| the obligations of registered agent. | | | | | |
| SIGNATURE Dace & | of registered agent and title pappicable. (NOTE, Regist | ered Agent signature require | d when rojectaling) | | - 14 - 0 6 |
| Signatore, typed or printed name of | Trought to age (and they approach. (NOTE, 1030) | orea seguit agressive researe | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| FILE NOW!!! FEE IS \$ | nancing \$5 | .00 May Be | | | |
| After May 1, 2006 Fee will | be \$550.00 Trust Fund Contribution | nn. 🗀 Aos | ded to rees | | |
| | FICERS AND DIRECTORS | | and the same of th | | |
| TITLE P NAME DAVIS, JAMES H | | | | | · |
| STREET ADDRESS 1400 SHIMMERING | LAKE CT | 1 | | | |
| CITY-ST-ZIP FORT MYERS, FL 3 | 33907 | _1 | | t have be are seen and | are are are an are an |
| TITLE VPST | | | * sary a saldendrilly-skylender | | 390967 80022-007 150.00 |
| NAME DUFF, DORIS D STREET ADDRESS 1113 KAPOK CIRCL | F | 1 | | MAYEHADD | 000227001 150.00 |
| CITY-ST-ZIP CLEARWATER, FL | | · I | | | |
| TITLE | | <u> </u> | | | <u> </u> |
| NAME | | | | | |
| STREET ADDRESS (CITY-ST-ZIP | | 1 | DO I | NOT WI | RITE |
| TITLE | | IN THIS SPACE | | | |
| NAME | | 1 | 1 1/1 | HIS SE | HUL |
| STREET ADDRESS GITY-ST-ZIP | | | | | |
| TITLE | | | | | |
| NAME } | | 1 | | | |
| STREET ADDRESS | | 1 | | | |
| C/TY-ST-ZIP | | | ** | | |
| TITLE | | | | | |

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: _

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SFELER OR DIRECTOR

1-14-06 727-799-1426