## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 22, 2005 08:00 AM Secretary of State **DOCUMENT # 429500** JERRY DAVID SERVICES, INC. Principal Place of Business Mailing Address 5095 NW 98 Way 5095 NW 98 WAY CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 US 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1475466 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVID, DIANE W. DO NOT WRITE 5095 NW 98 WAY CORAL SPRINGS, FL 33076 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE U00000324471 \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 04/22/05-80097-007 150.00 Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DAVID, JERRY A NAME STREET ADDRESS 5095 NW 98 WAY CORAL SPRINGS, FL 33067 CITY-ST-ZIP **VP** DAVID, THEODORE J. NAME STREET ADDRESS 5095 NW 98 WAY CITY-ST-ZIP CORAL SPRINGS, FL 33076 ST DAVID, DIANE NAME STREET ADDRESS 5095 NW 98 WAY DO NOT WRITE CITY-ST-ZIP CORAL SPRINGS, FL 33076 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 receive 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 wife an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DAUMO W.

4/19/05 Date/ 317-9899

FILED