

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90185 044 \*\*\*150.00

**DOCUMENT # 442062**

1. Entity Name  
**DAVIS HOLDING ENTERPRISES, INC.**



Principal Place of Business  
**3940 LEWIS SPEEDWAY  
P.O. BOX 3380  
ST AUGUSTINE, FL 32085**

Mailing Address  
**3940 LEWIS SPEEDWAY  
P.O. BOX 3380  
ST AUGUSTINE, FL 32085-3380 US**

2. Principal Place of Business - No P.O. Box #  
**3940 LEWIS SPEEDWAY**

3. Mailing Address  
**3940 LEWIS SPEEDWAY**

Suite, Apt. #, etc.  
**2201**

Suite, Apt. #, etc.  
**2201**

City & State  
**ST. AUGUSTINE FL**

City & State  
**ST. AUGUSTINE, FL**

Zip  
**32084**

Country  
**U.S.**

Zip  
**32084**

Country  
**U.S.**

01242008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**59-1497512**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UPCHURCH, TRACY W  
UPCHURCH, BAILEY AND UPCHURCH, PA.  
780 PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	DAVIS, VERNON A	
STREET ADDRESS	77 DOLPHIN DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, DONNA M	
STREET ADDRESS	77 DOLPHIN DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, MICHAEL A	
STREET ADDRESS	23 PARK TERRACE DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL A. DAVIS**

**2-1-08**

Date

Daytime Phone #

**(904) 824-3133**