

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90002 006 ***158.75

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03052007 Chg-P CR2E034 (12/06)

DOCUMENT # 472250			
1. Entity Name DAVIS MOTORS OF MONTICELLO, INC.			
Principal Place of Business 890 NORTH JEFFERSON STREET MONTICELLO, FL 32344-2130		Mailing Address 890 NORTH JEFFERSON STREET MONTICELLO, FL 32344-2130	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIS, JAMES LUTHER FOUNTAIN DRIVE AT FLORIDA AVENUE MONTICELLO, FL 32344		Name Nita Kathryn Joyner	
		Street Address (P.O. Box Number is Not Acceptable) 814 Whitehouse Road	
		City Lloyd	
		FL	
		Zip Code 32307	
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: <i>Nita Kathryn Joyner</i>		DATE: 3/5/07	
Signature, typed or printed name of registered agent and title if applicable Nita Kathryn Joyner		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JAMES L. FOUNTAIN DR. @ FLO. AVE. MONTICELLO, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D/P/S/T Nita Kathryn Joyner 814 Whitehouse Road Lloyd, FL 32307
		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: <i>Nita Kathryn Joyner</i>		DATE: 3/5/07	
Signature and typed or printed name of signing officer or director Nita Kathryn Joyner, President		Daytime Phone # 850.997.8918	