

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 529368

1. Entity Name
DAVIS EQUIPMENT AND LEASING CORP.



Principal Place of Business

**5027 SW ELK RIVER CT
PALM CITY, FL 34990**

Mailing Address

**PO BOX 1871
PALM CITY, FL 34991**



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1740341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTLER, JAMES J., ESQUIRE
821 EAST OCEAN BLVD.
STUART, FL 34994**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
DAVIS, JAMES N., III
5027 SW ELK RIVER CT
PALM CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
DAVIS, LINDA
5027 SW ELK RIVER CT
PALM CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

110000003004442
04/16/05-80039-024 150.00

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 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

LINDA H. DAVIS SD

4/13/05

Date

772 288 0313

Daytime Phone #