


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # 593956

1. Entity Name
H. VERNON DAVIDS, P.A.



Principal Place of Business Mailing Address

165 W GREEN ST **165 W GREEN ST**
ENGLEWOOD, FL 34223 US **ENGLEWOOD, FL 34223 US**

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1879036 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIDS, H VERNON
165 W GREEN ST.
ENGLEWOOD, FL 34223

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U000000025398
02/02/04-80103-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIDS, H VERNON
STREET ADDRESS	300 N. OXFORD DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 0,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: H. Vernon Davs 1/28/04 941 7648110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone