


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # 609067 1. Entity Name DAVIS CONSTRUCTION COMPANY OF PINELLAS COUNTY |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 2193 KARAN WAY CLEARWATER, FL 33763 | Mailing Address 2193 KARAN WAY CLEARWATER, FL 33763 |
|---|---|

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1881329 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DAVIS, TONY D
2193 KARAN WAY
CLEARWATER, FL 33763

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 _____ (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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | U00000798763 01/30/08-80042-011 150.00 |
|---|---|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DAVIS, TONY D 2193 KARAN WAY CLEARWATER, FL 33763 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DAVIS, SANDRA D 2193 KARAN WAY CLEARWATER, FL 33763 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DAVIS, JASON D. 2193 KARAN WAY CLEARWATER, FL 33763 |
| 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

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: Sandra D. Davis 1/23/08 443-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #