


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 687243 1. Entity Name LARRY DAVIS, INC.	
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Principal Place of Business JOHN HOLT ROAD, P.O. BOX 668 C/O E. L. DAVIS JR WAUCHULA, FL 33873	Mailing Address JOHN HOLT ROAD, P.O. BOX 668 C/O E. L. DAVIS JR WAUCHULA, FL 33873
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05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2062592	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS JR., E. L. JOHN HOLT ROAD, P.O. BOX 668 WAUCHULA, FL 33873
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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 \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS DAVIS JR., E. L. JOHN HOLT ROAD WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS JR., E. L. JOHN HOLT ROAD WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, KIM FOX 1485 LISA DRIVE WAUCHULA, FL
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IN THIS SPACE**

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 Date Daytime Phone #