

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694611

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** DAVIS, SCHNITKER, REEVES & BROWNING, P.A.

**Current Principal Place of Business:**

519 WEST BASE ST.  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE DRAWER 652  
MADISON, FL 32341

**New Mailing Address:**

**FEI Number:** 59-2207374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHNITKER, CLAY A  
519 WEST BASE STREET  
MADISON, FL 32340 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHNITKER, CLAY A  
Address: 519 WEST BASE ST.  
City-St-Zip: MADISON, FL 32340

Title: ST  
Name: REEVES, GEORGE T  
Address: 519 WEST BASE ST.  
City-St-Zip: MADISON, FL 32340

Title: VP  
Name: BROWNING, E. BAILEY III  
Address: 519 WEST BASE ST.  
City-St-Zip: MADISON, FL 32340

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLAY A. SCHNITKER

P

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date