


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001992

1. Entity Name
DAVIS & COMPANY (FT LAUDERDALE), LTD.



Principal Place of Business
**1989 UNIVERSITY LANE, STE I
 LISLE, IL 60532**

Mailing Address
**PO BOX 359
 LISLE, IL 60532**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3054285

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAYDEN, WILLIAM
 724 PENNSYLVANIA AVENUE
 FT LAUDERDALE, FL 33312**

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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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVID, GREGORY T
STREET ADDRESS	1989 UNIVERSITY LANE, STE I
CITY-ST-ZIP	LISLE, IL 60532
TITLE	VD
NAME	TAFT, FRANK
STREET ADDRESS	1989 UNIVERSITY LANE, STE I
CITY-ST-ZIP	LISLE, IL 60532
TITLE	S
NAME	DAVIS, CHRISTINE E
STREET ADDRESS	1989 UNIVERSITY LANE, STE I
CITY-ST-ZIP	LISLE, IL 60532
TITLE	V
NAME	HAYDEN, WILLIAM M
STREET ADDRESS	724 PENNSYLVANIA AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
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: Frank Taft **FRANK TAFT, VP** 1/13/04 630-852-7944
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #