



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000001992 1. Entity Name DAVIS & COMPANY, (FT LAUDERDALE), LTD.						FILED 05 SEP 21 PM 5:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1989 UNIVERSITY LANE, STE I LISLE, IL 60532		Mailing Address PO BOX 359 LISLE, IL 60532					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		08292005 Chg-P CR2E034 (10/03)			
City & State		City & State		4. FEI Number 36-3054285			
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HAYDEN, WILLIAM 724 PENNSYLVANIA AVENUE FT LAUDERDALE, FL 33312				Name Joseph Williamson Street Address (P.O. Box Number is Not Acceptable) 10608 Bamboo Red Circle City Riverview FL Zip Code 33569			
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: <u>Joseph Williamson</u> JOSEPH WILLIAMSON MARINE SURVEYOR 9/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID, GREGORY T 1989 UNIVERSITY LANE, STE I LISLE, IL 60532	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700059799207 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/21/05--01003--017 **558.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAFT, FRANK 1989 UNIVERSITY LANE, STE I LISLE, IL 60532	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, CHRISTINE E 1989 UNIVERSITY LANE, STE I LISLE, IL 60532	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYDEN, WILLIAM M 724 PENNSYLVANIA AVENUE FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>VP DAVIS & CO LTD.</u> 9/14/05 630-852-7989 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							