

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2007 08:00 AM  
Secretary of State

DOCUMENT # F04000006323

1. Entity Name  
DAVIS REBAR, INC.



Principal Place of Business  
5910 SOUTH 27 STREET  
OMAHA, NE 68107

Mailing Address  
5910 SOUTH 27 STREET  
OMAHA, NE 68107



04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
47-0786573

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000753719  
05/22/07-80033-010 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GREEN, JEFFREY  
5910 SOUTH 27 STREET  
OMAHA, NE 68107

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPS  
KEITH, LARRY  
5910 SOUTH 27 STREET  
OMAHA, NE 68107

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
BEATTY, TROY  
5910 SOUTH 27 STREET  
OMAHA, NE 68107

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

COO

4/19/07

402-72-7484