


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000007532 1. Entity Name J T DAVENPORT & SONS, INC.	
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Principal Place of Business
1144 BROADWAY ROAD
SANFORD, NC 27332-9793

Mailing Address
1144 BROADWAY ROAD
SANFORD, NC 27332-9793



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0514693	Applied For Not Applicable
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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

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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 _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAVENPORT, JR., J.T. 822A FITTS ST SANFORD, NC 27330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP DAVENPORT, MARK A 300 CARBONTON RD SANFORD, NC 27330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVENPORT, JEAN 822A FITTS ST SANFORD, NC 27330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAVENPORT, III, JOHN T 6173 DEEP RIVER ROAD SANFORD, NC 27330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAVENS, THEODORE A 850 CREEKWOOD RD SANFORD, NC 27330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVENPORT, TONI Y 2081 SANDY CREEK RD SANFORD, NC 27330

1100000628400
02/16/07-80011-019 158.75

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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: Theodore A. Havens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07

Date

919-774-9444

Daytime Phone #