2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # F06000007532

1. Entity Name
J T DAVENPORT & SONS, INC.

Principal Place of Business	Mailing Address
1144 BROADWAY ROAD SANFORD, NC 27332-9793	1144 BROADWAY ROAD SANFORD, NC 27332-9793

01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0514693
☐ 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

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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☐ Verified by CAR

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: T.A. HAVENS 1-25-08 919-774-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #