2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# F13791

Entity Name: DAVIS EXPRESS, INC.

Current Principal Place of Business:

5343 SE 131ST WAY
STARKE, FL 32091

New Principal Place of Business:

5270 SE 131ST STREET
STARKE, FL 32091

Current Mailing Address:

5343 SE 131ST WAY
PO BOX 1276
STARKE, FL 32091

New Mailing Address:

5270 SE 131ST STREET
PO BOX 1276
STARKE, FL 32091

FEI Number: 59-2095705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, JAMES A JR
7630 SW CR 18
HAMPTON, FL 32044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVIS, JAMES A., JR.,
Address: 7630 SW COUNTY ROAD 18
City-St-Zip: HAMPTON, FL 32044

Title: S ( ) Delete
Name: DAVIS, DORENE E,
Address: 7630 SW CR 18
City-St-Zip: HAMPTON, FL 32044

Title: V ( ) Delete
Name: DAVIS, JOSHUA P.,
Address: 20290 NW STATE ROAD 16
City-St-Zip: STARKE, FL 32091

Title: V ( ) Delete
Name: THOMAS, KAYLA DAVIS,
Address: 3015 SE 129TH STREET
City-St-Zip: STARKE, FL 32091

Title: V ( ) Delete
Name: DAVIS, JOEL A.,
Address: 7630 SW COUNTY ROAD 18
City-St-Zip: HAMPTON, FL 32044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORENE DAVIS S 01/17/2008
Electronic Signature of Signing Officer or Director Date