2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13791

Entity Name: DAVIS EXPRESS, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5270 SE 131ST STREET STARKE, FL 32091 **Current Mailing Address: 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: Name and Address of New Registered Agent: DAVIS, JAMES A JR 7630 SW CR 18 HAMPTON, FL 32044 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DAVIS, JAMES A., JR., Name: Name: 7630 SW COUNTY ROAD 18 Address: Address: City-St-Zip: HAMPTON, FL 32044 City-St-Zip: Title: Title: () Delete () Change () Addition Name: DAVIS, DORENE E. Name: 7630 SW CR 18 Address: Address: HAMPTON, FL 32044 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, JOSHUA P. Name: Name: 20290 NW STATE ROAD 16 Address: Address: City-St-Zip: STARKE, FL 32091 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, KAYLA DAVIS, Name: Name: Address: 3015 SE 129TH STREET Address: City-St-Zip: STARKE, FL 32091 City-St-Zip: Title: Title: () Delete () Change () Addition DAVIS, JOEL A., Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DORENE DAVIS TREA 01/16/2009

7630 SW COUNTY ROAD 18

HAMPTON, FL 32044

Address: City-St-Zip: