
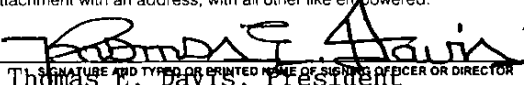


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90003 016 ***150.00

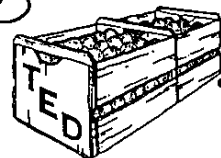
DOCUMENT # F19632 1. Entity Name THOMAS E. DAVIS, INC.					
Principal Place of Business 321 DAVIS BROS. ROAD FROSTPROOF, FL 33843			Mailing Address 321 DAVIS BROS. ROAD FROSTPROOF, FL 33843		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		07032006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 59-2065321	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, THOMAS E. 321 DAVIS BROS. ROAD FROSTPROOF, FL 33843				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, THOMAS E. 321 DAVIS BROS. ROAD FROSTPROOF, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				7-6-06 <small>Date Daytime Phone #</small>	

ATTACHMENT 40098885

THOMAS E. DAVIS, INC.

CITRUS PRODUCTION & MARKETING

321 Davis Bros. Road • Frostproof, FL 33843 • 863 635-2234
863



Tina D. Carter
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

July 6, 2006

Ref. Number: F19632

Dear Ms. Carter:

Enclosed please find the completed Annual Report for 2006 For Profit Corporation and check number 8356 for \$150.00 for the renewal fee. Please waive the \$400.00 Late Fee as the original forms were never received and we do not have internet access.

If you have any questions please contact me by telephone at 863 635-2234.

Sincerely,

Thomas E. Davis, President

TED/pb