


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F90797 1. Entity Name DAVIS DISCOUNT FURNITURE, INC.	
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Principal Place of Business % RONALD N DAVIS 4406 N PALAFOX STREET PENSACOLA, FL 32505	Mailing Address % RONALD N DAVIS 4406 N PALAFOX STREET PENSACOLA, FL 32505
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2219570	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RAYE M. DAVIS 6 PINE TREE DRIVE GULF BREEZE, FL 32561

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	VP DAVIS, RONALD N 4406 N. PALAFOX ST PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, JIMMY RAY 3232 COPPER RIDGE CIRCLE CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, PAMELA A 4406 N PALAFOX ST PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, RAYE M 6 PINE TREE DRIVE GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000001005
01/09/04-80024-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address, with all other like empowered.

SIGNATURE: Pamela A. Davis Sec/Tre 1-6-04 850.434.3531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAMELA A. DAVIS SEC/TRE