

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F90797

FILED  
Jan 08, 2005  
Secretary of State

Entity Name: DAVIS DISCOUNT FURNITURE, INC.

## Current Principal Place of Business:

% RONALD N DAVIS  
4406 N PALAFOX STREET  
PENSACOLA, FL 32505

## New Principal Place of Business:

% JIMMY R DAVIS  
4406 N PALAFOX STREET  
PENSACOLA, FL 32505

## Current Mailing Address:

% RONALD N DAVIS  
4406 N PALAFOX STREET  
PENSACOLA, FL 32505

## New Mailing Address:

% JIMMY R DAVIS  
4406 N PALAFOX STREET  
PENSACOLA, FL 32505

FEI Number: 59-2219570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAYE M. DAVIS  
6 PINE TREE DRIVE  
GULF BREEZE, FL 32561 US

## Name and Address of New Registered Agent:

PAMELA A DAVIS  
4406 N. PALAFOX ST.  
PENSACOLA  
FLORIDA, FL 32505 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: PAMELA D DAVIS

01/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: DAVIS, RONALD N  
Address: 4406 N. PALAFOX ST  
City-St-Zip: PENSACOLA, FL

Title: VD ( ) Delete  
Name: DAVIS, JIMMY RAY  
Address: 3232 COPPER RIDGE CIRCLE  
City-St-Zip: CANTONMENT, FL

Title: STD ( ) Delete  
Name: DAVIS, PAMELA A,  
Address: 4406 N PALAFOX ST  
City-St-Zip: PENSACOLA, FL

Title: PD ( ) Delete  
Name: DAVIS, RAYE M,  
Address: 6 PINE TREE DRIVE  
City-St-Zip: GULF BREEZE, FL

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAMELA A DAVIS

STD

01/08/2005

Electronic Signature of Signing Officer or Director

Date