

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F90797

FILED
Mar 24, 2009
Secretary of State

Entity Name: DAVIS DISCOUNT FURNITURE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2219570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: PD () Delete
Name: DAVIS, RAYE M,
Address: 6018 SUNTAN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

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 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: PAMELA A DAVIS

STD

03/24/2009

Electronic Signature of Signing Officer or Director

Date