

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92316

FILED
Jan 05, 2005
Secretary of State

Entity Name: THOMAS W. DAVIS, P.A.

Current Principal Place of Business:

80-B N FLORIDA AVE
PO BOX 1646
INVERNESS, FL 34451 US

Current Mailing Address:

80-B N FLORIDA AVE
PO BOX 1646
INVERNESS, FL 34451 US

New Principal Place of Business:

80 N FLORIDA AVE
SUITE B
INVERNESS, FL 34453 US

New Mailing Address:

PO BOX 1646
INVERNESS, FL 34451 US

FEI Number: 59-2211130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, THOMAS W.
80-B N FLORIDA AVE
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

DAVIS, THOMAS W.
80 N FLORIDA AVE
SUITE B
INVERNESS, FL 34453 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:

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DAVIS, THOMAS W.
Address: 5771 SOUTH CAROL TERR.
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS W DAVIS

P

01/05/2005

Electronic Signature of Signing Officer or Director

Date