

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93655</b> 1. Entity Name <b>LARRY DAVIS INSURANCE AGENCY, INC.</b>						
Principal Place of Business <b>% LARRY DAVIS 785 WEST GRANADA BLVD. ORMOND BEACH FL 32174</b>			Mailing Address <b>% LARRY DAVIS 785 WEST GRANADA BLVD. ORMOND BEACH FL 32174</b>			
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number <b>59-2214717</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent  <b>DAVIS, LARRY 785 WEST GRANADA BLVD. ORMOND BEACH FL 32174</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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) <small>Signature, typed or printed name of registered agent and file if applicable</small>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DAVIS, LARRY 785 W GRANADA BLVD ORMOND BEACH FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DAVIS, PATRICIA 785 W GRANADA BLVD ORMOND BEACH FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE: <i>Larry Davis</i> LARRY DAVIS</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 35%;"> <b>01/25/06 386-672-7861</b>  <small>Date Daytime Phone #</small> </div> </div>						

