



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # G04223 1. Entity Name GORDON B. DAVIS, C.P.A., P.A.			
Principal Place of Business 6214 PRESIDEENRIAL CT SW SUITE G FT MYERS, FL 33919		Mailing Address 6214 PRESIDEENRIAL CT SW SUITE G FT MYERS, FL 33919	
DO NOT WRITE IN THIS SPACE			
		04212008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2341894	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, GORDON B 6214 PRESIDENTAIL CT S W SUITE G FT MYERS, FL 33919		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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000341418 05/28/08 80106 010 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, GORDON B 4263-D ISLAND CIRCLE FORT MYERS, FL 33919		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: <i>Gordon B Davis</i> GORDON B. DAVIS		4/28/08 239-482-1040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	