


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G40250</b> 1. Entity Name <b>H. EMORY DAVIS INSURANCE AGENCY, INC</b>	
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Principal Place of Business <b>2622-A2 N.W. 43RD ST. GAINESVILLE, FL 32606</b>	Mailing Address <b>2622-A2 N.W. 43RD ST. GAINESVILLE, FL 32606</b>
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**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2294131</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, H. EMORY  
2622-A2 N.W. 43RD STREET  
GAINESVILLE, FL 32606**

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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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000477113</b> <b>04/06/06-80039-010 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAVIS, H. EMORY 2622-A2 N.W. 43RD ST. GAINESVILLE, FL 32606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DAVIS, ETHELDA 2622-A2 N.W. 43RD ST. GAINESVILLE, FL 32606</b>
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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:** H. Emory Davis H. Emory DAVIS 3/20/06 (352) 377-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #