


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # G40250 |  |
| 1. Entity Name H. EMORY DAVIS INSURANCE AGENCY, INC | |

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|--|--|
| Principal Place of Business 2622-A2 N.W. 43RD ST. GAINESVILLE FL 32606 | Mailing Address 2622-A2 N.W. 43RD ST. GAINESVILLE FL 32606 |
|--|--|



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|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt #, etc. | Suite, Apt #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E034 (10/06)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| DAVIS, H. EMORY 2622-A2 N.W. 43RD STREET GAINESVILLE FL 32606 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| P DAVIS, H.EMORY 2622-A2 N.W.43RD ST. GAINESVILLE FL 32606 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| ST DAVIS, ETHELDA 2622-A2 N.W.43RD ST. GAINESVILLE FL 32606 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |

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.

SIGNATURE: H. EMORY DAVIS 4/13/07 352-377-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #