

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # G52251

1. Entity Name
P. J. DAVIS INCORPORATED



Principal Place of Business
12121 VONN RD
LARGO, FL 33774

Mailing Address
% PHILLIP J. DAVIS
422 HARBORVIEW LANE
LARGO, FL 33770



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2285159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAVIS, PHILLIP J.
422 HARBORVIEW LANE
LARGO, FL 33770

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDSD DAVIS, PHILLIP 422 HARBORVIEW LANE LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDVD DAVIS, DEANNA K. 422 HARBORVIEW LANE LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/14/05-80006-018 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Phillip Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-05 727-595-2228
Date Daytime Phone #