## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # G52251**

1. Entity Name

P. J. DAVIS INCORPORATED



02202008

4. FEI Number 59-2285159

FILED Feb 25, 2008 08:00 Al Secretary of State

Principal Place of Business

12121 VONN RD LARGO, FL 33774 Mailing Address

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



CR2E034 (11/05)

Applied For

Not Applicable

No Cha-P

				5. Certificate	of Status Desired Fee Required				
	6. Name and Address of Current Regis	tered 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 reinstating)  DATE									
	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	,	55.00 May Be added to Fees					
10. OFFICERS AND DIRECTORS		1	· · · · · · · · · · · · · · · · · · ·	<del></del>					
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				U00000839793 03/06/08-80022-021 150.00				
TITLE NAME STREET ADORESS CITY-ST-ZEP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				in <sup>-</sup>	THIS SPACE				
TITLE			Ī						

12. I hereby certify that the information supplied with this filling 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 outh; 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.

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STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

727-595-2228

Daytime Phone #