


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G61706</b>	
1. Entity Name M.L. DAVIS, INC.	

Principal Place of Business SWEAT LOOP RD. PO BOX 97 BALM, FL 33503 US	Mailing Address SWEAT LOOP RD. PO BOX 97 BALM, FL 33503 US
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

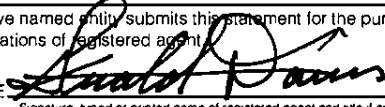
4. FEI Number 59-2463354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAVIS, GERALD K  
14749 SWEAT LOOP RD  
P.O. BOX 97  
WIMAUMA, FL 33598

**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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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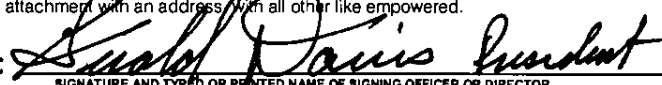
10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GRAVES, ELOISE D
STREET ADDRESS	415 BLAKE STREET
CITY-ST-ZIP	AUBURN, AL
TITLE	P
NAME	DAVIS, GERALD
STREET ADDRESS	PO BOX 97
CITY-ST-ZIP	BALM, FL 33503
TITLE	S
NAME	DAVIS, M.L. JR
STREET ADDRESS	P.O. BOX 97 N/A
CITY-ST-ZIP	BALM, FL
TITLE	AS
NAME	DAVIS, WAYNE T
STREET ADDRESS	P.O. BOX 982 N/A
CITY-ST-ZIP	BRANDON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  1/8/08

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