

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G61706

Entity Name: M.L. DAVIS, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

SWEAT LOOP RD.
PO BOX 97
BALM, FL 33503 US

New Principal Place of Business:

SWEAT LOOP RD.
BALM, FL 33503 US

Current Mailing Address:

SWEAT LOOP RD.
PO BOX 97
BALM, FL 33503 US

New Mailing Address:

FEI Number: 59-2463354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DAVIS, GERALD K
14749 SWEAT LOOP RD
WIMAUMA, FL 33598 US

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.

SIGNATURE:

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GRAVES, ELOISE D
Address: 415 BLAKE STREET
City-St-Zip: AUBURN, AL

Title: P () Delete
Name: DAVIS, GERALD,
Address: PO BOX 97
City-St-Zip: BALM, FL 33503

Title: S () Delete
Name: DAVIS, M.L. JR
Address: P.O. BOX 97 N/A
City-St-Zip: BALM, FL

Title: AS () Delete
Name: DAVIS, WAYNE T
Address: P.O. BOX 982 N/A
City-St-Zip: BRANDON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD DAVIS

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date