

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # H29188

1. Entity Name
DAVIDA CONSULTANTS, INC.



Principal Place of Business

**254 LYNX DR
PATIO STE
SEDONA, AZ 86336 US**

Mailing Address

**254 LYNX DR
SEDONA, AZ 86336-7141 US**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-2483008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOETZ, JAMES
2133 WINKLER AVE SUITE 300
FT. MYERS, FL 33901**

**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

**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	DPT
NAME	CROSS, DAVID S.
STREET ADDRESS	254 LYNX DR
CITY-ST-ZIP	SEDONA, AZ 863367141

TITLE	DVS
NAME	CROSS, WANIDA
STREET ADDRESS	254 LYNX DR
CITY-ST-ZIP	SEDONA, AZ 863367141

TITLE	T
NAME	TOWNSEND, SANDRA H
STREET ADDRESS	7022 SW CANYON DR
CITY-ST-ZIP	PORTLAND, OR 97225

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000342600
04/29/05-80062-012 150.00

**DO NOT WRITE
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)(i), 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:

David S. Cross
David S. Cross, President

Date

Daytime Phone #

Jan. 18, 2005
(928) 282-4325