

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90110 011 ***150.00

DOCUMENT # H39807

1. Entity Name
RONALD L. DAVIS AND ASSOCIATES, INC.



Principal Place of Business
**42 BARKLEY CIRCLE, #3
FORT MYERS, FL 33907 US**

Mailing Address
**42 BARKLEY CIRCLE, #3
D
FORT MYERS, FL 33907 US**

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2500227

App'd For
Not App'd For

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, RONALD L.
42 BARKLEY CIRCLE, #3
FORT MYERS, FL 33907**

**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 name and address of registered agent and title (typed name) (Typed Name of Registered Agent's signature required when submitting) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

**TITLE DP
NAME DAVIS, RONALD L.
STREET ADDRESS 42 BARKLEY CIRCLE, #3
CITY ST ZIP FORT MYERS, FL 33907**

**TITLE V
NAME D'ANDREA, ROBERT L
STREET ADDRESS 42 BARKLEY CIRCLE, #3
CITY ST ZIP FORT MYERS, FL 33907**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

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IN THIS SPACE**

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: Robert D'Andrea **Robert D'Andrea** 4.3.06 239-277-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE CONTACT NUMBER