

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90004 018 \*\*\*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**



01222007 No Chg-P CR2E034 (11/05)

4. FCI 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 (holder or authorized agent of registered agent) must be filed with this report.

FCI Number (Registered Agent's signature must be filed with this report).

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

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 a different like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-25-07**