

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90089 010 \*\*\*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

12580 University Drive #102



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2500227

Applied For  
Not Applicable

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~~ 12580 University Drive #102  
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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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~~ 12580 University Drive #102  
FORT MYERS, FL 33907

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
D'ANDREA, ROBERT L.  
~~42 BARKLEY CIRCLE, #3~~ 12580 University Drive #102  
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

**DO NOT WRITE  
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:**

*R. D'Andrea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08  
Date

Daytime Phone #