

2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2008 8:00 am Secretary of State 05-01-2008 90195 021 ***150.00 **DOCUMENT # H42485** DAVIS CHARTER SERVICE, INC. Principal Place of Business Mailing Address 60036256 KELLY DOCKS - HWY. 98 1981 PARRISH RD P.O. BOX 772 FLORALA, AL 36442-7103 DESTIN, FL 32540-0772 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2489968 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, WILLIAM FRANK Street Address (P.O. Box Number is Not Acceptable) **KELLY DOCKS - HWY. 98** DESTIN, FL 32541 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE DAVIS, WILLIAM FRANK NAME NAME % KELLY BOCKS - HWY. 98 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL CITY-ST-7IP SD 🚁 ☐ Delete IIILE Change ☐ Addition DAVÍS, PEGGY ANN NAME NAME % KELLY DOCKS - HWY. 98 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DILE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. and typed or printed name of signing officer or director 4-27-08

FILED

Daytime Phone