

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # H55459

1. Entity Name
DAVIS DISTRIBUTORS, INC.



Principal Place of Business
**2400 W 84 ST
UNIT 18
HIALEAH, FL 33016**

Mailing Address
**2400 W 84 ST
UNIT 18
HIALEAH, FL 33016**



01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2600902** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRUTE, MELVYN
1090 KANE CONCOURSE
SUITE 202
BAY HARBOR ISLANDS, FL 33154**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

1000000476967
04/06/06-80033-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, CINDY
STREET ADDRESS	2400 W 84 ST UNIT 18
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	S
NAME	KEEGAN, ALBERT E
STREET ADDRESS	13190 SW 16TH COURT
CITY-ST-ZIP	DAVIE, FL 33325
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 all other like empowered.

SIGNATURE:

Albert E. Keegan **Albert E. Keegan** Secretary 3/20/2006 305 558-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #