
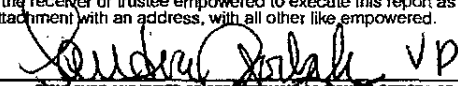


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J19200</b> 1. Entity Name HENRY DAVIS HOUSE, INC.		
Principal Place of Business 4711 BEGGS RD 4711 BEGGS ROAD ORLANDO, FL 32810 US		Mailing Address 4711 BEGGS RD 4711 BEGGS ROAD ORLANDO, FL 32810 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GODZIK, SANDRA J. 4711 BEGGS ROAD ORLANDO, FL 32810		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODZIK, FRANK D. 4711 BEGGS ROAD ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GODZIK, SANDRA J. 4711 BEGGS ROAD ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVARDO, ORLIBIO 4711 BEGGS ROAD ORLANDO, FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RENTA, BIBINA 4711 BEGGS RD ORLANDO, FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SANDRA GODZIK		Date: 1/5/05 467-297-0179 Daytime Phone #



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2694559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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01/07/05-80039-010 158.75

**DO NOT WRITE  
IN THIS SPACE**