

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # J60304	
1. Entry Name DAVIS EQUIPMENT REPAIRS, INC.	

Principal Place of Business 4563-1 SUNBEAM RD. JACKSONVILLE FL 32257	Mailing Address 4563-1 SUNBEAM RD. JACKSONVILLE FL 32257
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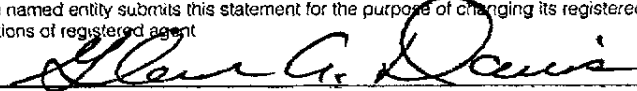
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2868520	Applied For ☐ Not Applied
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIS, GLENN A. 4563-1 SUNBEAM RD. JACKSONVILLE FL 32257
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 resigning)	DATE 3-21-06
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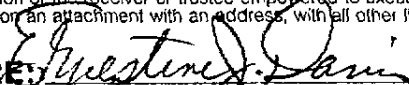
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State

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	☐ Delete
C DAVIS, CLIFTON E. 9150 CRAVEN RD. JACKSONVILLE FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
ST DAVIS, ERNESTINE J. 9150 CRAVEN RD. JACKSONVILLE FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
P DAVIS, GLENN A. 9150 CRAVEN RD. JACKSONVILLE FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
V DAVIS, DONALD E. 9150 CRAVEN RD. JACKSONVILLE FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
U000000478894 04/08/06-80023-007 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Ernestine J. DAVIS 3-21-06 904-733-61