

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90188 029 \*\*\*150.00

<b>DOCUMENT # J73269</b> 1. Entity Name <b>DAVISON ENTERPRISES, INC.</b>																											
Principal Place of Business <b>16620 WEST COURSE DR. TAMPA, FL 33624 US</b>		Mailing Address <b>16620 WEST COURSE DR. TAMPA, FL 33624 US</b>																									
2. Principal Place of Business Suite, Apt. #, etc. <b>4706 FOX HUNT DR.</b> City & State <b>TAMPA, FL</b> Zip <b>33624</b> Country <b>HILLS</b>		3. Mailing Address Suite, Apt. #, etc. <b>4706 FOX HUNT DR.</b> City & State <b>TAMPA, FL</b> Zip <b>33624</b> Country <b>HILLS</b>																									
		<b>50036372</b> 																									
		04012005 Chg-P CR2E034.(10/03)																									
		4. FEI Number <b>59-2799658</b>																									
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>DAVIS, JEFFREY J. 16620 WEST COURSE DR. TAMPA, FL 33624</b>		7. Name and Address of New Registered Agent Name <b>DAVIS, JEFFREY J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4706 FOX HUNT DR.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33624</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
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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: 		Date <b>4/8/05</b> Daytime Phone # <b>813-265-4147</b>																									