


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90104 013 \*\*\*158.75

<b>DOCUMENT # K25358</b>	
1. Entity Name <b>DAVINGTON ASSOCIATES, INC.</b>	

Principal Place of Business <b>239 ECHO CIRCLE FORT WALTON BEACH FL 32548</b>	Mailing Address <b>210 TILDEN ROAD FORT WALTON BEACH FL 32548</b>
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2. Principal Place of Business - No P.O. Box # <b>210 Tilden Street NW</b>	3. Mailing Address <b>SAME AS Principle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State <b>FORT WALTON Bch, FL</b>	City & State
Zip <b>32548</b>	Country <b>USA</b>

4. FEI Number <b>59-2915618</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>DAVIS, FREDDIE L 239 ECHO CIRCLE FORT WALTON BEACH FL 32548</b>	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 <b>Freddie Davis, Freddie L. Davis</b>	DATE <b>29 Jan 07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILSON, TANYA D 218 BEACON POINTE DRIVE OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DAVIS, WANDA 2015 ERWING CIRCLE #5-104 OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DAVIS, FREDDIE L 239 ECHO CIRCLE FT. WALTON BEACH FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TD Eunice B. Davis 239 Echo Circle Fort Walton Bch FL 32548</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, FREDDIE L 239 ECHO CIRCLE FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, CONNIE J 3510 N W 37TH AVE GAINESVILLE FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1058 Dolphine Drive Winter Garden, FL 34787</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <b>Freddie Davis</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Freddie L. Davis</b>	DATE <b>29 Jan 07</b>	DAYTIME PHONE # <b>850-862-9877</b>
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