

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # **K76403**

1. Entity Name **W.L. Davis Inc**  
**DBA Davis Construction**



**FILED**

07 AUG 29 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**311 Cristobal Ct.**

Suite, Apt. #, etc.

**Same**

City & State

**Tallahassee, Fla.**

City & State

4. FEI Number

**59-2948385**

Applied For

Not Applicable

Zip

**32303**

Country

**Leon**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**William L. Davis**

Street Address (P.O. Box Number is Not Acceptable)

**311 Cristobal Ct.**

City

**Tallahassee, Fla. 32303 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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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 **President**  
NAME **William Davis**  
STREET ADDRESS **311 Cristobal Ct.**  
CITY-ST-ZIP **Tallahassee, Fla. 32303**

TITLE **Secretary**  
NAME **Jonathan Stokes**  
STREET ADDRESS **1932 Temple dr.**  
CITY-ST-ZIP **Tallahassee Fla 32303**

TITLE **Treasurer**  
NAME **Jeff Cutshall**  
STREET ADDRESS **311 Cristobal Ct**  
CITY-ST-ZIP **Tallahassee, Fla 32303**

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.



SIGNATURE: **William Davis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/29/07**

Date

Daytime Phone #

<b>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</b>					
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## 2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

**\*\* This information cannot be changed on the report. \*\***

**Document Number** K76403  
**Business Entity Name** W. L. DAVIS, INC.  
**Original File Date** 03/29/1989

**FEI Number** 59-2948385

**Principal Address** 311 CRISTOBAL COURT  
TALLAHASSEE, FL 32303 US

**Mailing Address** 311 CRISTOBAL COURT  
TALLAHASSEE, FL 32303 US

**Registered Agent** WILLIAM L DAVIS  
311 CRISTOBAL COURT  
TALLAHASSEE, FL 32303 US

### Officer/Director Name And Address

**P**  
WILLIAM L DAVIS  
311 CRISTOBAL COURT  
TALLAHASSEE, FL 32303

**S**  
JONATHAN STOKES  
1932 TEMPLE DRIVE  
TALLAHASSEE, FL 32303

**T**  
JEFF CUTSHALL  
311 CRISTOBAL CT.  
TALLAHASSEE, FL 32303

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:	If you need to make changes to the above information, please select:
<input type="button" value="No Changes"/>	<input type="button" value="Make Changes"/>

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