2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K76403 1. Entity Name W. L. DAVIS, INC.								08 JAN 22 PM 4:14				
Principal Place of Business 311 CRISTOBAL COURT TALLAHASSEE, FL 32303 US				Mailing Address 311 CRISTOBAL COURT TALLAHASSEE, FL 32303 US				4 00 2 111 - 1 1	SEUNE: FALLAH?	SSEE	.FLORIC	Ā Mulli
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01222008	Chg-P	CR2E	034 (12/06)	
City & State			City & State					4. FEI Numb 59-294				plied For
Zip	Country			Zip	itry	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current F				tered Agent	7. Name and Address of New Registered Agent Name							
DAVIS, WILLIAM L 311 CRISTOBAL COURT TALLAHASSEE, FL 32303					Street Address (P.O. Box Number is Not Acceptable)							
				City			,	Fl	Zip Cod	е		
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												
FILE NOW!!! FEÉ IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10. OFFICERS AND							ADDITIONS	/CHANGES TO OFF	ICERS AN			
TITLÉ NAME	1	VILLIAM L						4.0	nn 1 1 🗆 🔾	coc	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP		STOBAL COURT ASSEE, FL 32303				EET ADDRESS '-ST-ZIP		400115858884 01/23/080072027 **150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOKES 1932 TEN TALLAHA	E HE EET ADDRESS		i (flored	Jeffo XI Cour- Sec, FI-3	ords t 2503	☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delete TITLE CUTSHALL, JEFF 311 CRISTOBAL CT. TALLAHASSEE, FL 32303 Delete TITLE NAME CITY-								•		☐ Change	Addition
THILE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				01/	12		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 appreciation of the receiver or trustee empowered. SIGNATURE:												
CIGITAL	♥I\L	SIGNATURE AND TYPED OR	PRINTED	NAME OF SIGNING OFFICER	OR DIREC	TOR			Date	<u> </u>	Daytime Phone #	