


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90284 041 \*\*\*150.00

<b>DOCUMENT # K96742</b> 1. Entity Name <b>DAVIS BROS. CONTRACTING, INC.</b>					
Principal Place of Business <b>808 PARKWAY PLAZA BLVD.          KISSIMMEE, FL 34744</b>			Mailing Address <b>808 PARKWAY PLAZA BLVD.          KISSIMMEE, FL 34744</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2954129</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVIS, HUBERT ALLEN          808 PARKWAY PLAZA BLVD.          KISSIMMEE, FL 34744</b>				7. Name and Address of New Registered Agent Name <b>Michael William Davis</b> Street Address (P.O. Box Number is Not Acceptable) <b>308 Parkway Plaza Blvd.</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34744</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: <i>Michael W Davis</i> DATE: <b>4/14/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, MICHAEL W 3161 APPALOOSA COURT KISSIMMEE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Davis, Lisa G 3161 Appaloosa Ct. Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DAVIS, ALLEN 2209 NEPTUNE ROAD KISSIMMEE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Davis, Michael W 3161 Appaloosa Ct. Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, HUBERT ALLEN 2209 NEPTUNE ROAD KISSIMMEE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Amanda Hancock 5725 Jones Road St. Cloud, FL 34771
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	
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	
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 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 address, with all other like empowered.					
SIGNATURE: <i>Michael W Davis</i> DATE: <b>4/14/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					