

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K96742

FILED
Mar 31, 2008
Secretary of State

Entity Name: DAVIS BROS. CONTRACTING, INC.

Current Principal Place of Business:

808 PARKWAY PLAZA BLVD.
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

808 PARKWAY PLAZA BLVD.
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-2954129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MICHAEL W
808 PARKWAY PLAZA BLVD.
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, MICHAEL W
Address: 3161 APPALOOSA COURT
City-St-Zip: KISSIMMEE, FL

Title: PDT () Delete
Name: DAVIS, MICHAEL W
Address: 3161 APPALOOGA CT
City-St-Zip: KISSIMMEE, FL 34746

Title: V () Delete
Name: DAVIS, LISA G
Address: 3161 APPALOOSA CT
City-St-Zip: KISSIMMEE, FL 34746

Title: S () Delete
Name: HANCOCK, AMANDA
Address: 5725 JONES RD
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, MICHAEL W
Address: 3161 APPALOOSA COURT
City-St-Zip: KISSIMMEE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W DAVIS

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date