2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L08043

1. Entity Name
DAVIS & DAVIS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~HIGHWAY 121 N~~ *11907 N. S.R. 121*	PO BOX 387
PO BOX 387	MACCLENNY, FL 32063 US
MACCLENNY, FL 32063	

DO NOT WRITE IN THIS SPACE

40056823

03282007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2961238	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

DAVIS, RICHARD M *11907 N. S.R. 121 - PO BOX 387*
~~SR 121 NORTH~~
MACCLENNY, FL 32063

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

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10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	DAVIS, RICHARD, M
STREET ADDRESS	P. O. BOX 387 121 NORTH
CITY-ST-ZIP	MACCLENNY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: _____ *Richard M. Davis*   *3-27-07*   *904-259-1999*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #