

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L25543

1. Entity Name  
DAVIS AND ROSE, INC.



Principal Place of Business  
6759 WILLOW LK CIR  
FT. MYERS, FL 33912 US

Mailing Address  
6759 WILLOW LK CIR  
FT. MYERS, FL 33912 US

FILED  
04 MAY 27 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05082004 No Chg-P CR2E034 (10/03) 04

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0155212

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, WILLIAM LAWRANCE  
6759 WILLOW LAKE CIRCLE  
FT. MYERS, FL 33912

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 \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
DAVIS, MICHAEL E.  
6759 WILLOW LK CIRCLE  
FT MYERS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
ROSE, WILLIAM LAWRANCE  
6759 WILLOW LAKE CIRCLE  
FT. MYERS, FL 33912

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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06/08/04--01005--020 \*\*150.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04

235-277-5400