

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L38572

1. Entity Name
DAVIES INSURANCE SERVICES, INC.



Principal Place of Business
4100 EVANS AVE STE 18
#117
FORT MYERS, FL 33901 US

Mailing Address
PO BOX 60304
FT. MYERS, FL 33906 US

FILED
Jan 15, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0252812

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIES, IVAN L., SR.
2243 GORHAM AVE
FT MYERS, FL 33907

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 *Ivan L. Davies*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIES, IVAN L., SR.
STREET ADDRESS	2243 GORHAM AVE
CITY-ST-ZIP	FT MYERS, FL
TITLE	VD
NAME	DAVIES, CAROLYN L.
STREET ADDRESS	2243 GORHAM AVE
CITY-ST-ZIP	FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000004331
01/15/04-BQU07-010 150.00

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 if my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Ivan L. Davies*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-277-1210