

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # L81909

1. Entity Name
DAVRO, INCORPORATED



Principal Place of Business

**% ROSS T. CLARK
3960 CONFEDERATE PT RD
JACKSONVILLE, FL 32210**

Mailing Address

**% ROSS T. CLARK
3960 CONFEDERATE PT RD
JACKSONVILLE, FL 32210**



01182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3019536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ABRAHAM DAVID M
7027 PERKE DRIVE
JACKSONVILLE, FL 32210**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

000000075364
03/03/04-80055-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABRAHAM, DAVID, M
STREET ADDRESS	7027 PERKE DR
CITY - ST - ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 exemption stated in Section 119.07(3)(f), 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: *David M. Abraham* **DAVID M. ABRAHAM** 3-104 (904) 772-7335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #