2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT			May 01, 2006 08:00			
DOCUMENT # L86629			Secretary of Stat			
1. Entity Name				SC	cretary	oi Suu
T. WAYNE DAVIS, P.A.						
	.51					
Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·]			
1910 SAN MARCO BOULEVARD	1910 SAN MARCO BOULEVARD		}			
JACKSONVILLE, FL 32207 US	JACKSONVILLE, FL 32207	US	}			
				DI 1800 BURU DING NATA 181		
			04202006	No Chg-P	CR2E034 (11/	(05)
DO NOT WRITE IN THIS SPACE		CE	4. FEI Numb			Applied For
			59-301	9376		Not Applicable
		Canal Control	5. Certificate	of Status Desired	☐ \$8.75 Fee Re	Additional quited
6. Name and Address of Curren	t Registered Agent		<u>. </u>			
DAVIS, T. WAYNE 1910 SAN MARCO BLVD JACKSONVILLE, FL 32207				NOT W THIS SP		
8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.		ed office or registe d Agent signature require	·	oth, in the State of Flo	rida. I am familiar	with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550	9. Election Campaign Finar Trust Fund Contribution.		.00 May 8e led to Fees	U00000 05/17/06	0557735 -80058-012	150.00
10. OFFICERS AND	DIRECTORS	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
TITLE D		\$				
NAME DAVIS, T. WAYNE						
STREET ADDRESS 1910 SAN MARCO BLVD		1				
CITY-ST-ZIP JACKSONVILLE, FL	· · · · · · · · · · · · · · · · · · ·	ł				
TITLE NAME						
STREET ADDRESS						
CITY-ST-7/P		1				

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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: _

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #