
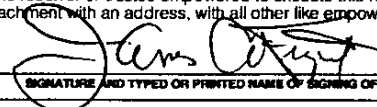


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90039 023 ****61.25

DOCUMENT # N00000001681 1. Entity Name DAVIS ISLANDS CHAMBER OF COMMERCE, INC.					
Principal Place of Business 205 E DAVIS BL. TAMPA, FL 33606			Mailing Address 205 E DAVIS BL. TAMPA, FL 33606		
2. Principal Place of Business 201 East Davis Boulevard		3. Mailing Address 201 East Davis Boulevard			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, Florida		City & State Tampa, Florida		4. FEI Number 59-3640955	
Zip 33606		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNETT, SCOTT F 234 EAST DAVIS BLVD. TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, ELAINE 205 E DAVIS BL. TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frijouf, James A. 201 East Davis Boulevard Tampa, Florida 33606
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAPP, BARABRA 205 E DAVIS BL. TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Medart, Lee 201 East Davis Boulevard Tampa, Florida 33606
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAGLAND, PATTY 205 E DAVIS BL. TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Boggs, Shelby 201 East Davis Boulevard Tampa, Florida 33606
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRILOUF, JAMES 205 E DAVIS BL. TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kierce, Kim 201 East Davis Boulevard Tampa, Florida 33606
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALSATE, DAN 205 E DAVIS BL. TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Trobaugh, Lori 201 East Davis Boulevard Tampa, Florida 33606
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JORGENSEN, SCOTT E 205 E. DAVIS BLVD. TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Davis, Janice 201 East Davis Boulevard Tampa, Florida 33606
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 617, 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:  James A. Frijouf, Pres. August 10, 2005 813.254.5100					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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08102005 Chg-NP CR2E037 (10/03)