



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # N05000009240 1. Entity Name DAVIS INDUSTRIAL PARK OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3289 KINGS ROAD SOUTH ST. AUGUSTINE, FL 32086	Mailing Address 3289 KINGS ROAD SOUTH ST. AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE

	
02222007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 20-3442061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALL, CHARLES E 77 ALMERIA ST. SAINT AUGUSTINE, FL 32084

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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)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000661637 03/20/07-80045-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RICHARD 3289 KINGS ROAD SOUTH ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DEBORAH 3289 KINGS ROAD SOUTH ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS III, ROB A 93 1/2 KING STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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 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: <i>Deborah M. Davis</i> DEBORAH M. DAVIS	3-6-07 904-669-9198
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>