## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 17, 2006 08:00 AN Secretary of State DOCUMENT # P00000060599 1. Entity Name DAVIS-JAX INVESTMENTS, INC. Mailing Address Principal Place of Business 1620 HENDRICKS AVENUE 1620 HENDRICKS AVENUE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 04122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3654513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, JOHN C DO NOT WRITE 1620 HENDERICKS AVE. JACKSONVILLE, FL 32207 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signaturé required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. THLE DAVIS, JACK C NAME 100000513715 04/29/06-80142-006 150.00 STREET ADDRESS 1620 HENDRICKS AVE. CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

ACIC ( DAVIS

4/13/06 (904)398-005