

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000072581

1. Entity Name

ALLEN DAVIS VENTURES, INC.



Principal Place of Business

1994A KINGSLEY AVE.
ORANGE PARK FL 32073

Mailing Address

1994A KINGSLEY AVE.
ORANGE PARK FL 32073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3673435

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOLSON, JR, JOHN F
462 KINGSLEY AVENUE, 101
ORANGE PARK FL 32073

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ALLEN, ROBERT E JR.
STREET ADDRESS 1994-A KINGSLEY AVENUE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE DST ☐ Delete
NAME DAVIS, KEVIN
STREET ADDRESS 1994-A KINGSLEY AVENUE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete
NAME DAVIS, KELLY
STREET ADDRESS 1994-A KINGSLEY AVENUE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000507851
04/27/06-80079-015 150.00

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

[Signature]

ROBERT E. ALLEN

4/14/06

904 264 75