2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2007 08:00 AM Secretary of State

DOCUMENT # P00000087444 1. Enthy Name DAVIDSON MANAGEMENT COMPANY, INC. Principal Place of Business 4549 ST. MISUSTINE RD. SUITE #3 MCKSONVILLE, FL 32207					•	Q.	aaratars al	r Ctai
### ASA9 ST, AUGUSTINE RD. SUITE #3 MCKSONVILLE, FL 32207 ### ASA9 ST, AUGUSTINE RD. ### Applied For Styles Desired ### App	1. Entity Name				Secretary of Stat			
DO NOT WRITE IN THIS SPACE A. FEI Number S9-3670277 No Chg-P S8-75 Additional Fee Seguired S8-75 Additional S8-75	4549 ST. AUGUSTINE RD SUITE #3		1549 ST. AUGUSTINE RD. Suite #3			18) 18 48 18 68	ENGLISH FAN AND AND AND AND AND AND AND AND AND A	
DO NOT WRITE 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 Spaniar Space or printed raine of registered agent and life / registered agent ag	DO NOT WRITE IN THIS SPA			02162007 No Chg-P CR2E034 (11/05) 4. FEI Number				ilied For Applicable
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 Signaul hond or printed rame of registered agent and trid a applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DAVIDSON, RANDOLPH SIRET ADDRESS CITY-ST-2P TITLE DAVIDSON, WENDELL A JR SIRET ADDRESS CITY-ST-2P JACKSONVILLE, FL 32207 TITLE D DAVIDSON, JAMES SIRET ADDRESS CITY-ST-2P JACKSONVILLE, FL 32207 TITLE D DAVIDSON, JAMES SIRET ADDRESS CITY-ST-2P JACKSONVILLE, FL 32207 TITLE D DAVIDSON, JAMES JACKSONVILLE, FL 32207 TITLE DAVIDSON, JAMES JACKSONVILLE, FL 32207 TITLE IN THIS SPACE	6. Name	and Address of Current Regis	stered Agent					
the obligations of registered agent. Signature Signature Signature lyped or printed name of registered agent and life if applicable PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Efection Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11TILE DAVIDSON, RANDOLPH STREET ADDRESS GITY-ST-ZP JACKSONVILLE, FL 32207 11TILE DAVIDSON, WENDELL A JR STREET ADDRESS CITY-ST-ZP JACKSONVILLE, FL 32207 11TLE DAVIDSON, WENDELL A JR STREET ADDRESS CITY-ST-ZP JACKSONVILLE, FL 32207 11TLE DAVIDSON, JAMES STREET ADDRESS CITY-ST-ZP JACKSONVILLE, FL 32207 11TLE DAVIDSON, JAMES STREET ADDRESS CITY-ST-ZP JACKSONVILLE, FL 32207 DO NOT WRITE IN THIS SPACE	4549 ST. AUGUSTINE RD., #3							
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After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITILE	Signature, typed	or printed name of registered agent and little	if applicable (NOTE: Registere	ed Agent signature required	d when reinstating)		DATE	
TITLE DAVIDSON, RANDOLPH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE DAVIDSON, WENDELL A JR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE D DAVIDSON, WENDELL A JR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE D DAVIDSON, JAMES STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE D DAVIDSON, JAMES STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE D TACKSONVILLE, FL 32207 TITLE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE STREET ADDRESS CITY-ST-ZIP	FILE NOWIII FEE IS \$150.00				.00 May Be led to Fees			
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TITLE	NAME STREET ADDRESS				IN 7	THIS SF	PACE	
,	TITLE							

12. I hereby certify that the information supplied with this filting 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 of business 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 attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ausdson 2-1

730-4117

Daytime Phone #