

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000101475**

1. Entity Name  
**R&C DAVIS ENTERPRISES, INC.**



Principal Place of Business  
**1393 MORRISON RD  
WESTVILLE, FL 32464**

Mailing Address  
**PO BOX 760  
GENEVA, AL 36354-0760**



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3667759</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ELLENBURG, LISA  
1136 ENGLISH LANE  
WESTVILLE, FL 32464**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000920049  
05/14/08-80029-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>DAVIS, RUDOLPH</b>
STREET ADDRESS	<b>1393 MORRISON ROAD</b>
CITY-ST-ZIP	<b>WESTVILLE, FL 32464</b>
TITLE	<b>ST</b>
NAME	<b>DAVIS, CLARA</b>
STREET ADDRESS	<b>1393 MORRISON ROAD</b>
CITY-ST-ZIP	<b>WESTVILLE, FL 32464</b>
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 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 line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/08 850-956-3073**  
Date Daytime Phone #