

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90026 013 ***150.00

DOCUMENT # P000001055137

1. Entity Name

KENNETH W. DAVIS, D.C., P.A.



Principal Place of Business

2337 SOUTH UNIVERSITY DR.
DAVIE FL 33324

Mailing Address

10145 TWIN LAKES DR.
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

1645 Dunlawton Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1014

City & State

City & State

Port Orange, FL

Zip

Country

Zip

Country

32127

U.S.A.

4. FEI Number

65-1054453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCENROE, TRACY P
3475 CARAMBOLA CIRCLE SOUTH
COCONUT CREEK FL 33066

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DAVIS, KENNETH W
STREET ADDRESS 2591 SOUTH UNIVERSITY DRIVE
CITY-ST-ZIP DAVIE FL 33324 ☐ Delete

TITLE PD
NAME DAVIS, Kenneth W.
STREET ADDRESS 2337 South University Drive
CITY-ST-ZIP DAVIE, FL 33324 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kenneth W. Davis* Kenneth W. DAVIS

2/10/04

(954) 899-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #