


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000001237**  
 1. Entity Name  
**DAVAL ENTERPRISES, INC.**



Principal Place of Business  
**101 E CLIFFORD AVENUE  
 EUSTIS, FL 32726**

Mailing Address  
**PO BOX 1521  
 EUSTIS, FL 32727**

**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3691126** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**STONE, STEPHEN M  
 725 NORTH MAGNOLIA AVENUE  
 ORLANDO, FL 32803**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

DATE **04/08/06-80010-016 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROSEMAN, DAVID W
STREET ADDRESS	101 E CLIFFORD AVENUE
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	SVP
NAME	ROSEMAN, VALERIE KAY
STREET ADDRESS	101 E CLIFFORD AVENUE
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	ST
NAME	BLANTON, VALERIE
STREET ADDRESS	101 E CLIFFORD AVENUE
CITY-ST-ZIP	EUSTIS, FL 32726
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 like empowered.

SIGNATURE: Valerie Blanton Date: 3/21/06 Daytime Phone #: 352 589 6828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR