

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042796

FILED
Jan 04, 2005
Secretary of State

Entity Name: SAMUEL G. DAVIS AND ASSOCIATES, INC.

Current Principal Place of Business:

145 NW CENTRAL PARK PLAZA
SUITE 104
PORT ST LUCIE, FL 349862482 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 880577
PORT ST LUCIE, FL 349880577 US

New Mailing Address:

FEI Number: 65-1099342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, SAMUEL G
145 NW CENTRAL PARK PLAZA
SUITE 104
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: DAVIS, SAMUEL G PRES
Address: 797 SW ST CROIX COVE
City-St-Zip: PORT ST LUCIE, FL 349863432 US

Title: MRS () Delete
Name: DAVIS, MARCIA L SEC
Address: 797 SW ST CROIX COVE
City-St-Zip: PORT ST LUCIE, FL 349863432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL G DAVIS

PRES

01/04/2005

Electronic Signature of Signing Officer or Director

Date