

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000044052

1. Entity Name
PETER M. DAVIDSON, INC.



Principal Place of Business
**22035 MARTELLA AVE.
BOCA RATON, FL 33433**

Mailing Address
**22035 MARTELLA AVE.
BOCA RATON, FL 33433**



DO NOT WRITE IN THIS SPACE

04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1101694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIDSON, PETER
22035 MARTELLA AVE.
BOCA RATON, FL 33433**

**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, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIDSON, PETER
STREET ADDRESS	22035 MARTELLA AVE.
CITY - ST - ZIP	BOCA RATON, FL 33433

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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IN THIS SPACE**

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05/03/05-80136-012 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Davidson
Peter Davidson

Date

4/29/05
4/29/05

Daytime Phone #

561-289-6825
561-289-6825