

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90078 047 ***150.00

DOCUMENT-#P01000105433		
1. Entity Name DAVIS HOME DECORS, INC.		

Principal Place of Business 1124 NORTH G STREET LAKE WORTH, FL 33460	Mailing Address 1124 NORTH G STREET LAKE WORTH, FL 33460
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50031354

2. Principal Place of Business 8020 BELVEDERE ROAD Suite, Apt. #, etc. STE 1	3. Mailing Address 8020 BELVEDERE ROAD Suite, Apt. #, etc. STE 1
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03032005 Chg-P CR2E034 (10/03)

City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33411-3206	Country USA

4. FEI Number 65-1159997	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADFORD, JAMES N JR 2100 WEST 76TH STREET SUITE 211 HIALEAH, FL 33016	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City- State- 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.	DATE (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS DAVIS, TERESA E 1124 NORTH G STREET LAKE WORTH, FL 33460 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	8020 BELVEDERE ROAD STE 1 WEST PALM BEACH, FL 33411-3206 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVT DAVIS, HAROLD CLAUDE 1124 NORTH G STREET LAKE WORTH, FL 33460 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	8020 BELVEDERE ROAD STE 1 WEST PALM BEACH, FL 33411-3206 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME 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: 	Date: 3-24-2005