


**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000111433</b> 1. Entity Name EDWIN D. DAVIS, II, P.A.	
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Principal Place of Business 900 BIG TREE RD. S. DAYTONA, FL 32119	Mailing Address 900 BIG TREE RD. S. DAYTONA, FL 32119
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<b>DO NOT WRITE IN THIS SPACE</b>
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01032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3758755

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  DAVIS, EDWIN D II 900 BIG TREE RD. S. DAYTONA, FL 32119
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**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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000411946 02/10/06-80028-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, EDWIN D II 900 BIG TREE ROAD SOUTH DAYTONA, FL 32119
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**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin D. Davis, II EDWIN D. DAVIS, II 1-24-06 386-788-7077