

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90006 021 ***150.00

DOCUMENT # P01000119639

1. Entity Name
DAVIS INVESTMENT COMPANY OF JACKSONVILLE, INC.



Principal Place of Business
**2815 BOLTON ROAD STE A
ORANGE PARK, FL 32073**

Mailing Address
**P.O. BOX 877
ORANGE PARK, FL 32067-2504**

40005956



2. Principal Place of Business - No P.O. Box #
2823 Bolton Road

3. Mailing Address

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

City & State
Orange Park FL

City & State

4. FEI Number
04-3598577

Applied For
Not Applicable

Zip
32073

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, STAFFORD C JR
2823 BOLTON RD SUITE 101
ORANGE PARK, FL 32073**

Name **The Nichols Group, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1329 Kingsley Ave
Ste D
City **Orange Park** **FL** Zip Code **32067**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DP** ☐ Delete
STREET ADDRESS **DAVIS, DOROTHY**
CITY-ST-ZIP **2823 BOLTON RD SUITE 101
ORANGE PARK, FL 32073**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **STE 10**
CITY-ST-ZIP

TITLE
NAME **DVP** ☐ Delete
STREET ADDRESS **DAVIS, STAFFORD C JR**
CITY-ST-ZIP **2823 BOLTON RD SUITE 101
ORANGE PARK, FL 32073**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **STE 100**
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #