

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000005448

1. Entity Name

JOEL DAVIS ASSOCIATES, INC.



Principal Place of Business

6051 N. OCEAN DR., STE. 301  
HOLLYWOOD FL 33019

Mailing Address

6051 N. OCEAN DR., STE. 301  
HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

30-0042454

Applied For

Not Applicable

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, JOEL  
6051 N. OCEAN DR., STE. 301  
HOLLYWOOD FL 33019

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
P DAVIS, JOEL  
STREET ADDRESS 6051 N. OCEAN DR., STE 301  
CITY - ST - ZIP HOLLYWOOD FL 33019

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000045248  
CITY - ST - ZIP 02/11/04-80054-009 150.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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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 exemption stated in Section 119.07(3)(f), 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:

*Joel Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Davis

Date

2/3/04

Daytime Phone #

954.342.4019