

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 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



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0042454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

U000000407825  
02/08/06-80042-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JOEL 6051 N. OCEAN DR., STE 301 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 if changed, or on an attachment with an address with all other individuals empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Davis

Date

1/26/06 954-342-8251

Daytime Phone #