## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name DAVIS ROAD, INC.					FILED PR 29 PH 12: 54	
		Mailing Address 4051 W. STATE RD. 46 SANFORD, FL 32771		SECRE TALLA	ITANY FOR WATE Marchelle, E. (1) (034) 5	
Principal Place of Business     3. Mailing Address						
Suite, Apt. (	#, etc.	Suite, Apt. #, etc.		01292004 Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 80-0037592	Applied For Not Applicable	
Zìp	Country	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 Ro	·	
WRIGHT, MICHAEL E				GARI V. CARDAMUNE		
301 E. PINE ST., STE. 1400 ORLANDO, FL 32801			Street Address 4051 W.	Street Address (P.O. Box Number is Not Acceptable) 4051 W. STATE ROAD 46		
			City SANF	ORD	<b>FL</b> Zip Code 32771	
8. The above named of the 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 registeral figure.						
SIGNATURE GARY V. CARDAMONE 4/12/6 / 04  Signature and gradient and utile if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE After Ma	E NOWILL FEE IS \$150.00 by 1,2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		5.00 May Be Ided to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11	
TITLE NAME	D CARDAMONE, GARY V	☐ Delete	TITLE D,	P,T,S	XIX Change	
STREET ADDRESS CITY-ST-ZIP	4051 W. STATE RD. 46 SANFORD, FL 32771		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	<b>400035</b> 05/10/04—01004	Addition Addition	
STREET ADDRESS CITY-ST-ZIP			NAME	1357 11171 (4 11111) (4	011 **150.00	
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NAME		□ Delete	CITY-ST-ZIP TITLE	33.10.31 3103.	☐ Change ☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE 12.   hereby or indicated of the corp	on this report or supplemental report is iovation or the reported of nustee emport or on an attachment with an address, v	Delete  Delete  Delete  Delete  this filling does not qualify for the true and accurate and that my wered to execute this report as with all other like empowered.	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOTALE  OF A CONTROL OF A CON	ection 119.07(3)(i), Florida Statutes. ! Is same legal effect as if made under or 17, Florida Statutes; and that my name	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition	