

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90115 002 ***550.00

| | | | |
|---|--|--|---|
| DOCUMENT # P02000020864 1. Entity Name DAVMIL ENTERPRISES, INC. | | | |
| Principal Place of Business 37514 US 19 N PALM HARBOR, FL 34684 | | Mailing Address 37514 US 19 N PALM HARBOR, FL 34684 | |
| 2. Principal Place of Business 36342 U.S. 19. N. | | 3. Mailing Address 36342 U.S. 19. N. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Palm Harbor, FL. | | City & State Palm Harbor, FL. | |
| Zip 34684 | | Zip 34684 | |
| Country USA | | Country USA | |
| 4. FEI Number 04-3608856 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ACCOUNTING & TAX HELP, INC. 8668 PARK BLVD., SUITE A SEMINOLE, FL 33777 | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TATE, DAVIDA E 3472 PRIMROSE WAY PALM HARBOR, FL 34683 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV TATE, MILTON 3472 PRIMROSE WAY PALM HARBOR, FL 34683 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <i>David Tate</i> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>DAVIDA TATE / President</i> | |
| Date <i>7/1/04</i> | | Daytime Phone # <i>785-1120</i> | |