

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070905

Entity Name: NORA B DAVIS, INC.

FILED  
Mar 14, 2005  
Secretary of State

## Current Principal Place of Business:

6635 W COMMERCIAL BLVD.  
STE. 114  
TAMARAC, FL 33319

## New Principal Place of Business:

## Current Mailing Address:

6635 W COMMERCIAL BLVD.  
STE. 114  
TAMARAC, FL 33319

## New Mailing Address:

FEI Number: 65-1040213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, NORA B  
5721 WHITE HICKORY CIRCLE  
TAMARAC, FL, FL 33319 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAVIS, NORA B  
Address: 5721 WHITE HICKORY CIRCLE  
City-St-Zip: TAMARAC, FL 33319

Title: VPD ( ) Delete  
Name: DAVIS, ERNEST V  
Address: 5721 WHITE HICKORY CIR.  
City-St-Zip: TAMARAC, FL 33319

Title: TD ( ) Delete  
Name: SUTTON, BARBARA  
Address: 9755 CLAREMONT  
City-St-Zip: CHICAGO, IL 60643

Title: D ( ) Delete  
Name: BROOKS, HARRY GEN.  
Address: 4679 LOMAS  
City-St-Zip: LAS VEGAS, NV 89149

Title: D ( ) Delete  
Name: BROWN, DEBRA  
Address: 6301 FOX RUN LANE  
City-St-Zip: MATTESON, IL 60443

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST V. DAVIS

VPD

03/14/2005

Electronic Signature of Signing Officer or Director

Date