

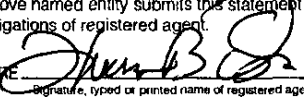
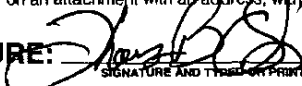


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90782 047 \*\*\*158.75

<b>DOCUMENT # P02000076964</b> 1. Entity Name <b>T.DAVIS &amp; SON'S INC.</b>					
Principal Place of Business <b>107 ANDERSON PL. OCOE, FL 34761</b>			Mailing Address <b>107 ANDERSON PL. OCOE, FL 34761</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>73-1650308</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04292004      Chg-P      CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>DAVID, THOMAS B SR 107 ANDERSON PL. OCOE, FL 34761</b>			7. Name and Address of New Registered Agent Name <b>Thomas B. Davis Sr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>107 Anderson Pl.</b> City <b>Ocoee</b> <b>FL</b> Zip <b>34761</b>		
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  <b>Thomas B. Davis Sr.</b> 04/29/2004 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANIER, STACEY W 107 ANDERSON PL. OCOE, FL 34761		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, THOMAS B SR 107 ANDERSON PL OCOE, FL 34761		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP PAULK, DERRICK M 107 ANDERSON PL OCOE, FL 34761		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME 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)(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.			Dir Gary Allen 107 Anderson Pl. Ocoee, FL 34761		
SIGNATURE:  <b>Thomas B. Davis Sr.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/29/2004 (407) 656-3171 <small>Date Daytime Phone #</small>		