

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000093888

1. Entity Name

DAVIS-LIKAR INSURANCE SERVICES, INC.



Principal Place of Business

7722 S.R. 544 EAST STE 215
WINTER HAVEN FL 33881

Mailing Address

7722 S.R. 544 EAST STE 215
WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0425659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, BRUCE A
7722 SR 549 E ST 215
WINTER HAVEN FL 33881

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DAVIS, BRUCE A
STREET ADDRESS 3082 LANDINGS CT
CITY-ST-ZIP HAINES CITY FL 33844

☐ Change ☐ Addition
U00000084982
03/11/04-80029-017 150.00

TITLE D ☐ Delete
NAME LIKAR, RON A
STREET ADDRESS 5130 FAIRWAY ONE DR
CITY-ST-ZIP VALRICO FL 33574

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME SCARBOROUGH, DENA F
STREET ADDRESS 243 PALM DRIVE
CITY-ST-ZIP LAKE HAMILTON FL 33851

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME DAVIS, SUSAN E
STREET ADDRESS 3082 LANDINGS CT
CITY-ST-ZIP HAINES CITY FL 33844

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/04 863/422-1713