


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000093888

1. Entity Name
 DAVIS-LIKAR INSURANCE SERVICES, INC.



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 51-0425659 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAVIS, BRUCE A
 7722 SR 544 E ST 215
 WINTER HAVEN, FL 33881

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

U00000605466
 01/30/07-80037-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, BRUCE A
STREET ADDRESS	3082 LANDINGS CT
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	D
NAME	LIKAR, RON A
STREET ADDRESS	5130 FAIRWAY ONE DR
CITY-ST-ZIP	VALRICO, FL 33574
TITLE	D
NAME	SCARBOROUGH, DENA F
STREET ADDRESS	243 PALM DRIVE
CITY-ST-ZIP	LAKE HAMILTON, FL 33851
TITLE	D
NAME	DAVIS, SUSAN E
STREET ADDRESS	3082 LANDINGS CT
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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

1/24/07 863/422-1913
 Date Daytime Phone #