## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 08:00 AM Secretary of State

DOCUMENT # P02000103046  1. Entity Name TODD L. DAVIS, P.A.			A		
Principal Place of Business					
	OO NOT WRITE II		CE	04082005 No Chg-P CR2E034 (10/03)  4. FEI Number	
6. Name and Address of Current Registered Agent  DAVIS, TODD L 10935 SE 177TH PLACE STE 403 SUMMERFIELD, FL 34491			DO NOT WRITE IN THIS SPACE		
8. The above the obligat SIGNATURE.	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 agreet, a				
FILE NOWI!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be U00000299455 04/11/05-80107-020 150.00	
10.	OFFICERS AND DIREC	CTORS	[		
TITLE NAME STREET ADDRESS CITY-SY-ZIP	D DAVIS, TODD L 13690 U.S. HWY 441 #200 LADY LAKE, FL 32159				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	] 	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the correctanged,	<ol> <li>I hereby certify that the information supplied with this filling 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.</li> </ol>				
SIGNAT	SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dala- Devirue Priorie *				