
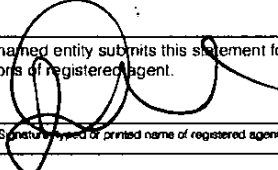
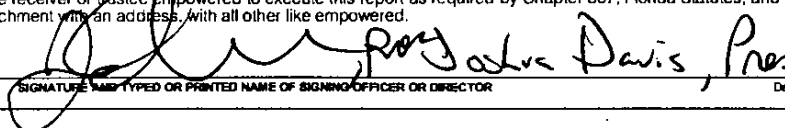


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90018 041 ***150.00

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # P02000127309 1. Entity Name JOSHUA DAVIS, INC. | | | |  | |
| Principal Place of Business 3105 E SR 44 WILDWOOD, FL 34785 | | | Mailing Address P.O. BOX 99 WILDWOOD, FL 34785 | | |
| 2. Principal Place of Business - No P.O. Box # 328 S. main St. | | 3. Mailing Address SAME | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Wildwood, FL | | City & State | | 4. FEI Number 16-1646197 | |
| Zip 34785 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVIS, JOSHUA S 3105 E SR 44 WILDWOOD, FL 34785 | | | 7. Name and Address of New Registered Agent Name Joshua Davis Street Address (P.O. Box Number is Not Acceptable) P.O. Box 99 City Wildwood, FL Zip Code 34785 | | |
| 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  President 3-11-2008 <small>Signature of registered agent or title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, JOSHUA S 3105 E SR 44 WILDWOOD, FL 34785 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 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:  Joshua Davis, Pres 3-11-2008 (352) 303-7190 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |