

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000063043

**1. Entity Name
DAV PRO INCORPORATED**



**Principal Place of Business
8111 PAUL BUCHMAN
PLANT CITY, FL 33565 US**

**Mailing Address
8111 PAUL BUCHMAN
PLANT CITY, FL 33565 US**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0026417
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARFIELD, JAMES (JIMI) A
5425 BOLD VENTURE PLACE
WESLEY CHAPEL, FL 33544**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME DAVIES, JAMES
STREET ADDRESS 2224 DAVIES COUNTRY TRAIL
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE VP
NAME BARFIELD, JAMES (JIMI) A
STREET ADDRESS 5425 BOLD VENTURE PLACE
CITY-ST-ZIP WESLEY CHAPEL, FL 3544

TITLE S/T
NAME DAVIES, SUSAN D
STREET ADDRESS 2224 DAVIES COUNTRY TRAIL
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000188602
01/24/05-80061-011 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Susan D Davies S/T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05 (813)299-2140
Date Daytime Phone #