

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000063043

FILED
Apr 18, 2009
Secretary of State**Entity Name:** DAV PRO INCORPORATED**Current Principal Place of Business:**8111 PAUL BUCHMAN
PLANT CITY, FL 33565 US**New Principal Place of Business:****Current Mailing Address:**8111 PAUL BUCHMAN
PLANT CITY, FL 33565 US**New Mailing Address:****FEI Number:** 20-0026417 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ALL FLORIDA FIRM INC
813 DELTONA BLVD STE A
BOX 1393946
DELTONA, FL 32725 US**Name and Address of New Registered Agent:**DAVIES, JAMES D PRES.
8111 PAUL BUCHMAN HWY
PLANT CITY, FL 33565 US

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.

SIGNATURE: JAMES D DAVIES

04/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: DAVIES, JAMES
Address: 8111 PAUL BUCHMAN HWY
City-St-Zip: PLANT CITY, FL 33565 US**Title:** VP () Delete
Name: BARFIELD, JAMES (JIMI) A
Address: 5425 BOLD VENTURE PLACE
City-St-Zip: WESLEY CHAPEL, FL 3544 US**Title:** S/T () Delete
Name: DAVIES, SUSAN D
Address: 8111 PAUL BUCHMAN HWY
City-St-Zip: PLANT CITY, FL 33565 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN D DAVIES

S/T

04/18/2009

Electronic Signature of Signing Officer or Director

Date